| Fill   | in this info         | ormation to identify your   | case:   |   |             |                            |
|--------|----------------------|---|---|---|-------------|----------------------------|
| Deb    | otor 1               | Bryan S. Kenned   |   |   |             |                            |
| Deh    | otor 2               | First Name  | Middle Name   | Last Name   |             |                            |
|        | use if, filing)      | First Name  | Middle Name   | Last Name   |             |                            |
| Unit   | ted States E         | Sankruptcy Court for the:   | SOUTHERN DISTRICT   | OF MISSISSIPPI  |             |                            |
| Cas    | se number            | 17-02921  |   |   |             |                            |
| (if kn | own)                 |   |   |   |             | ck if this is an           |
|        |                      |   | -   |   | ame         | ended filing               |
| Of:    | ficial E             | orm 106Cum  |   |   |             |                            |
|        |                      | orm 106Sum  | and Liabilities on  | d Cartain Statistical Information   |             | 40/45                      |
|        |                      |   |   | d Certain Statistical Information are filing together, both are equally responsible f | or supply   | 12/15                      |
| info   | rmation. Fi          | Il out all of your schedul  | es first; then complete th                                | e information on this form. If you are filing amend                                   |             |                            |
| your   | r original fo        | orms, you must fill out a   | new <i>Summary</i> and check                              | the box at the top of this page.  |             |                            |
| Par    | t 1: Sum             | marize Your Assets  |   |   |             |                            |
|        |                      |   |   |   |             | assets                     |
|        |                      |   |   |   | Value       | e of what you own          |
| 1.     |                      | e A/B: Property (Official Foliation   line 55, Total real estate, foliation |   |   | \$          | 1,064,500.00               |
|        | 1b. Copy             | line 62, Total personal pro   | perty, from Schedule A/B                                  |   | \$          | 53,293.24                  |
|        | 1c. Copy             | line 63, Total of all propert   | y on Schedule A/B   |   | \$          | 1,117,793.24               |
| Par    | t 2: Sum             | marize Your Liabilities   |   |   |             |                            |
|        |                      |   |   |   |             | liabilities<br>unt you owe |
| 2.     |                      |   | laims Secured by Property<br>mn A, Amount of claim, at t  | (Official Form 106D) he bottom of the last page of Part 1 of Schedule D               | \$          | 755,301.53                 |
| 3.     |                      |   | Unsecured Claims (Official 1 (priority unsecured claims   | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>                                | \$          | 48,100.00                  |
|        | 3b. Сору             | the total claims from Part  | 2 (nonpriority unsecured cl                               | aims) from line 6j of Schedule E/F  | \$          | 532,747.89                 |
|        |                      |   |   | Your total liabilities  | \$          | 1,336,149.42               |
|        |                      |   |   |   |             |                            |
| Par    | Sum                  | marize Your Income and  | Expenses  |   |             |                            |
| 4.     | Schedule<br>Copy you | I: Your Income (Official For combined monthly incom                         | orm 106I)<br>e from line 12 of <i>Schedule</i>            | L   | \$          | 16,152.69                  |
| 5.     |                      | J: Your Expenses (Official r monthly expenses from li                       |   |   | \$          | 8,261.94                   |
| Par    | t 4: Ans             | wer These Questions for   | Administrative and Statis                                 | stical Records  |             |                            |
| 6.     | -                    | •   | er Chapters 7, 11, or 13?<br>on this part of the form. Ch | neck this box and submit this form to the court with yo                               | our other s | chedules.                  |
| 7.     | Yes                  | d of debt do you have?  |   |   |             |                            |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Bryan S. Kennedy

Case number (if known) 17-02921

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

15,558.72

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim      |
|--|-------|------------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 48,100.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00       |
| 9d. Student loans. (Copy line 6f.)   | \$    | 108,077.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 156,177.00 |

| Creditor   | Ba       | Balance      | g        | Past Due   | Pa        | Payment   |
|--|----------|--------------|----------|------------|-----------|-----------|
| 1 Peoples Bank Magee, MS - Real Estate                           | ₩.       | 210,500.00   | s        | 18,500.00  | ⋄         | 2,704.00  |
| 2 Peoples Bank Magee, MS - Closed Account Balance Due            | v        | 3,000.00     | ❖        | 3,000.00   | ₩         |           |
| 3 Priority One Bank Magee, MS                                    | s        | 136,000.00   | ⋄        | 1,701.00   | s         | 1,701.00  |
| 4 Benny Kimberly - Private Home Mortgage Note 132 Hummingbird Rd | Ś        | 369,000.00   | ↔        |            | ❖         | 2,476.00  |
| 5 BankPlus - Gluckstadt, MS                                      | \$       | 246,000.00   | ₩.       | 2,035.00   | ⋄         | 2,035.00  |
| 6 IRS Tax Lien   | s        | 29,000.00    | ↭        | 29,000.00  | s         | 1,500.00  |
| 7 IRS 2015 income Taxes  | \$       | 15,000.00    | s        | 15,000.00  | s         | 1,000.00  |
| 8 IRS 2016 Income Taxes Coming Due                               | \$       | 16,500.00    | ₩.       | 16,500.00  | s         | 1,000.00  |
| 9 Miss. Dept. of Employment Security - Past Due                  | ❖        | 4,100.00     | s        | 4,100.00   | 43        | 463.23    |
| 10 Miss. Dept. of Revenue - Past Due Taxes                       | s        | 2,100.00     | s        | 2,100.00   | ٠,        | 450.00    |
| 11 Miss. Dept. of Revenue - Taxes Coming Due                     | 45       | 3,500.00     | s        | 3,500.00   | ₩,        | 250.00    |
| 11 Judgement - John and Cindy Jensen                             | s        | 45,000.00    | ν.       | 45,000.00  | s         | ı         |
| 12 Judgement - Discover Card                                     | ₩        | 14,500.00    | ↭        | 14,500.00  | ٠,        | •         |
| 13 Merrit Vet Supply - Past Due                                  | s        | 55,000.00    | ₹,       | 55,000.00  | s         | ı         |
| 14 CAN Capital - Past Due Settlement Offer                       | s        | 10,500.00    | \$       | 10,500.00  | δ,        | •         |
| 15 Priority One Bank Magee, MS - 2015 Chevy Truck                | ₩        | 34,500.00    | ∽        | •          | s         | 981.00    |
| 16 Priority One Bank Magee, MS - Lawn Tractor                    | s        | 2,500.00     | s        | •          | \$        | 550.00    |
| 17 Capital One Bank - Central Miss. Vet Clinic PC                | ⋄        | 3,336.00     | s        | 86.00      | s         | 250.00    |
| 18 Capital One Bank - Madison Vet Clinic PC                      | s        | 6,852.00     | s        | 552,00     | s         | 250.00    |
| 19 Capital One Bank - Personal 4804                              | \$       | 1,667.00     | ↭        | •          | ❖         | 150.00    |
| 20 American Express - Madison Vet. Clinic PC                     | ·        | 4,928.00     | \$       | •          | s         | 250.00    |
| 21 American Express - Personal 2002                              | s        | 5,077.00     | <b>₩</b> | 77.00      | s         | 250.00    |
| 22 Merrick Bank - Personal Card 9524                             | ↭        | 1,935.00     | ❖        | 185.00     | s         | 150.00    |
| 23 Barclay Card - Personal Card 0361                             | \$       | 2,127.00     | s        | 127.00     | €\$       | 250.00    |
| 24 Credit One Bank - Personal                                    | <b>γ</b> | 900.00       | ₩        | ٠          | ↭         | 100.00    |
| 25 First Premier Card - Personal                                 | s        | 250.00       | s        | •          | ٠,        | 100.00    |
| 26 Simpson County Tax Collector - 1660 Simpson Hwy 49            | s        | 4,350.00     | s        | 4,350.00   |           |           |
| 27 Simpson County Tax Collector -132 Hummingbird Rd              | s        | 2,850.00     | ₩.       | 2,850.00   |           |           |
| 28 Simpson County Tax Collector - Central Miss. Vet Clinic       | ↭        | 750.00       | ↭        | 750.00     |           |           |
| 29 Simpson County Tax Collector - 240 Luckey and Kennedy Rd      | ₩        | 1,550.00     | ❖        | 1,550.00   |           |           |
| 30 Twin Cedars Development Long Term Lease                       | ⋄        | 129,500.00   | s        | 7,000.00   | s         | 3,500.00  |
| 31 Stearns Bank Leasing  | s        | 17,500.00    | ↭        |            | ↭         | 485.00    |
|  | \$       | 1,380,272.00 | \$ 2     | 237,963.00 | <b>\$</b> | 16,860.23 |

Avent 11,800.00 Persul 3 months Part Due Loenne 14,500.00 Business Current Loanne.com

| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  Case number 17-02921  Check and the second of th |  | Bryan S. Kennedy  |  |  |   |  |
|--|--|---|--|--|---|--|
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  Case number 17-02921   |  |   | Middle Name Last Na  | ame  |   |  |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  Case number 17-02921   |  | First Name  | Middle Name Last Na  | ame  |   |  |
| Case number 17-02921   |  |   |  |  |   |  |
| Difficial Form 106A/B Schedule A/B: Property Teach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the categorink it if the best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying or information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number in inswer every question.  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Magee  MS 39111-0000  Timeshare  Current value of the entire property?  \$510,000.00   | Jnited States Bar                      | nkruptcy Court for the: SOUT                                  | HERN DISTRICT OF MISSISSIP   | PI   |   |  |
| Schedule A/B: Property    each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category ink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the category description.    Do you own or have any legal or equitable interest in any residence, building, land, or similar property?   | Case number _1                         | 7-02921   |  |  |   | ☐ Check if this is ar amended filing   |
| Schedule A/B: Property    Condominium or cooperative   State   ZIP Code  | Official Fo                            | rm 1064/B   |  |  |   |  |
| neach category, separately list and describe items. List an asset only once. If an asset filtin more than one category, list the asset in the categorish kit fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. It is possible. If two married people are filing together, both are equally responsible for supplying conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number of the equally responsible for supplying conformation. If the case is needed, attach as possible. If two married people are filing together, both are equally responsible for supplying conformation. If the case is needed, attach as possible. If two married people are filing together, both are equally responsible for supplying conformation. If the case is needed, attach as possible for supplying conformation. If the case is needed, attach as possible for supplying conformation in the case is needed. If the case is needed, attach as possible for supplying conformation in the case is needed. If the case is needed. If the case is needed, attach as possible for supplying conformation in the case is needed. If |  |   | ,  |  |   | 12/15  |
| A point it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying conformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number in inswer every question.  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  1.1  132 Hummingbird Road  Street address, if available, or other description  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Current value of the entire property?  Manufactured or mobile home Land Investment property \$510,000.00   |  |   |  |  |   |  |
| Street address, if available, or other description   Single-family home   Duplex or multi-unit building   Condominium or cooperative   Manufactured or mobile home   Land   Land   Current value of the entire property   State   ZIP Code   Investment property   Timeshare   Single-family home   Do not deduct secured claims or exet the amount of any secured claims o   | □ No. Go to Part                       | 2.  | t in any residence, building, land, o  | r similar property?                            |   |  |
| Street address, if available, or other description  Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land  City  State  ZIP Code  Duplex or multi-unit building Correditors Who Have Claims Secured  Current value of the entire property?  \$510,000.00  |  | tne property?   |  |  |   |  |
| Duplex or multi-unit building   Creditors Who Have Claims Secured  |  |   | What is the property? Check  | x all that apply                               |   |  |
| Magee MS 39111-0000 ☐ Land ☐ Land ☐ Current value of the entire property? ☐ Current value of the entire property? ☐ Investment property ☐ Timeshare  | 132 Humm                               | ingbird Road  |  | call that apply                                |   |  |
| City State ZIP Code Investment property \$510,000.00   | 132 Humm                               | ingbird Road  | Single-family home  Duplex or multi-unit bu  | uilding  | the amount of any secure  | d claims on Schedule D:  |
| ☐ Timeshare  | 132 Humm<br>Street address, i          | <b>lingbird Road</b><br>f available, or other description     | Single-family home  Duplex or multi-unit but Condominium or coop  Manufactured or mobil  | uilding<br>perative                            | the amount of any secure Creditors Who Have Clair  Current value of the                               | d claims on Schedule D:<br>ms Secured by Property.  Current value of the                             |
|  | Street address, i                      | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit bu Condominium or coop  Manufactured or mobi Land   | uilding<br>perative                            | the amount of any secure Creditors Who Have Clair  Current value of the entire property?              | d claims on Schedule D:<br>ms Secured by Property.  Current value of the<br>portion you own?         |
| Other (such as fee simple, tenancy by the  | Street address, i                      | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit by Condominium or coop  Manufactured or mobil Land Investment property  | uilding<br>perative                            | Current value of the entire property? \$510,000.00  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$510,000.00 |
| Who has an interest in the property? Check one a life estate), if known.   | Street address, i                      | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit by Condominium or coop  Manufactured or mobil Land Investment property Timeshare  | uilding<br>perative                            | Current value of the entire property? \$510,000.00  Describe the nature of y                          | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$510,000.00  |
|  | Street address, i                      | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit by Condominium or coop  Manufactured or mobi Land Investment property Timeshare Other  Who has an interest in the                             | uilding<br>verative<br>ile home                | Current value of the entire property? \$510,000.00  Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$510,000.00  |
|  | 132 Humm Street address, i  Magee City | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit by Condominium or coop  Manufactured or mobi Land Investment property Timeshare Other  Who has an interest in the                             | uilding<br>verative<br>ile home                | Current value of the entire property? \$510,000.00  Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$510,000.00  |
| County  Debtor 1 and Debtor 2 only  At least one of the debtors and another (see instructions)   | Street address, i                      | ningbird Road f available, or other description  MS 39111-000 | Single-family home  Duplex or multi-unit by Condominium or coop  Manufactured or mobi Land Investment property Timeshare Other  Who has an interest in the Debtor 1 only Debtor 2 only | uilding perative ille home property? Check one | Current value of the entire property? \$510,000.00  Describe the nature of y (such as fee simple, ten | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$510,000.00  |

| If you own or          |  |  |   |  |   |  |  |
|------------------------|--|--|---|--|---|--|--|
|                        | have more than or                            | •  | tio the manual O  |  |   |  |  |
| .2<br>224 Luckov 9     | Kannady Bood                                 |  | tt is the property? Check all that apply  |  |   |  |  |
|                        | K Kennedy Road allable, or other description |  | Single-family home  | Do not deduct secured club, the amount of any secure   |   |  |  |
| Street address, if ava | allable, of other description                |  | Duplex or multi-unit building   | Creditors Who Have Clair   |   |  |  |
|                        |  |  | Condominium or cooperative  |  |   |  |  |
|                        |  |  | Manufactured or mobile home   | Current value of the   | Current value of the  |  |  |
| Magee                  | MS 39111                                     | 0000 [                                   | ] Land  | entire property?   | portion you own?  |  |  |
| City                   | State ZIP                                    | ode                                      | Investment property   | \$45,000.00  | \$45,000.00   |  |  |
|                        |  |  | Timeshare   | Describe the nature of y   | our ownership interest  |  |  |
|                        |  |  | Other   |  | ancy by the entireties, or  |  |  |
|                        |  | Who                                      | has an interest in the property? Check one  | a life estate), if known.  |   |  |  |
|                        |  |  | Debtor 1 only   |  |   |  |  |
| Simpson                |  |  | Debtor 2 only   |  |   |  |  |
| County                 |  |  | Debtor 1 and Debtor 2 only  | Obselvit delete a community manualty   |   |  |  |
|                        |  |  | At least one of the debtors and another   | Check if this is community property (see instructions)   |   |  |  |
|                        |  | Othe                                     | er information you wish to add about this iten  | n, such as local   |   |  |  |
| .3                     | have more than or                            |  | it is the property? Check all that apply  |  |   |  |  |
|                        | Kennedy Road                                 |  | Single-family home  | Do not deduct secured cl   |   |  |  |
| Street address, if ava | ailable, or other description                |  | Duplex or multi-unit building   | ,  | the amount of any secured claims on Schedule D:   |  |  |
|                        |  | _  | <del>-</del>  | Creditors Who Have Claims Secured by Property.   |   |  |  |
|                        |  | I  | Condominium or cooperative  | ordanoro mile mare cian  |   |  |  |
|                        |  |  |   |  |   |  |  |
|                        | MO 00444                                     |  | Manufactured or mobile home   | Current value of the   | ms Secured by Property.  Current value of the   |  |  |
| Magee                  | MS 39111                                     | 0000                                     | Manufactured or mobile home Land  | Current value of the entire property?  | Current value of the portion you own?   |  |  |
| Magee<br>City          | MS 39111<br>State ZIP                        | 0000 C                                   | Manufactured or mobile home  Land Investment property   | Current value of the   | Current value of the portion you own?   |  |  |
|                        |  | 0000 C                                   | Manufactured or mobile home Land Investment property Timeshare  | Current value of the entire property?  | ms Secured by Property.  Current value of the portion you own?  |  |  |
|                        |  | 0000 C                                   | Manufactured or mobile home Land Investment property Timeshare Other  | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of the portion you own? \$75,000.00   |  |  |
|                        |  | 0000 C                                   | Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one                             | Current value of the entire property? \$75,000.00  Describe the nature of y  | Current value of the portion you own? \$75,000.00   |  |  |
| City                   |  | 0000 C                                   | Manufactured or mobile home  Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only              | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of the portion you own? \$75,000.00   |  |  |
| City                   |  | 0000 C<br>ode C<br>Who                   | Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of the portion you own? \$75,000.00   |  |  |
| City                   |  | 0000 C                                   | Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of the portion you own? \$75,000.00 your ownership interest lancy by the entireties, or |  |  |
| City                   |  | 0000 C<br>ode C<br>Who                   | Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known. | Current value of the portion you own? \$75,000.00 your ownership interest lancy by the entireties, or |  |  |
| City                   |  | 0000   C   C   C   C   C   C   C   C   C | Manufactured or mobile home Land Investment property Timeshare Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                 | Current value of the entire property? \$75,000.00  Describe the nature of y (such as fee simple, ten a life estate), if known. | Current value of the portion you own? \$75,000.00 your ownership interest lancy by the entireties, or |  |  |

|  |   |                              |                           | is the property? Check all that apply  |  |  |
|--|---|------------------------------|---------------------------|--|--|--|
| 265 Luckey &   |   |                              |                           | Single-family home   | Do not deduct secured cla  |  |
| Street address, if avail                                   | lable, or other desc                    | cription                     |                           | Duplex or multi-unit building  | the amount of any secure<br>Creditors Who Have Clair   |  |
|  |   |                              |                           | Condominium or cooperative   | Orealions who have oldin   | ns occured by 1 roperty  |
|  |   |                              | _                         | Manufactured or mobile home  |  |  |
|  |   |                              | Ц                         | Manufactured or mobile home  | Current value of the   | Current value of the   |
| Magee  | MS                                      | 39111-0000                   |                           | Land   | entire property?   | portion you own?   |
| City   | State                                   | ZIP Code                     |                           | Investment property  | \$254,500.00   | \$254,500  |
|  |   |                              |                           | Timeshare  | Describe the nature of y   | our ownership interes  |
|  |   |                              | What                      | Other  | (such as fee simple, ten<br>a life estate), if known.  | ancy by the entireties   |
|  |   |                              | WIIO                      | has an interest in the property? Check one Debtor 1 only   | a me cotato), n known  |  |
| Simpson  |   |                              | _                         | •  |  |  |
| County   |   |                              |                           | Debtor 2 only  Debtor 1 and Debtor 2 only  |  |  |
| •  |   |                              |                           | At least one of the debtors and another  | Check if this is com   | munity property  |
|  |   |                              |                           | r information you wish to add about this ite   | ,  |  |
|  |   |                              |                           | erty identification number:  | , 040 40 .004.   |  |
|  |   |                              |                           |  |  |  |
| 242 Luckey &   | Kennedy R                               |                              | ere:                      | cres of land with lease option held is the property? Check all that apply Single-family home   | Do not deduct secured cla  |  |
| -  | Kennedy R                               | d.                           | ere:<br>What              | is the property? Check all that apply  |  | d claims on <i>Schedule I</i>  |
| 242 Luckey & Street address, if avail                      | Kennedy R                               | d.<br>cription               | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building   | Do not deduct secured cla  | d claims on Śchedule L<br>ns Secured by Property   |
| 242 Luckey &   | Kennedy R                               | d.                           | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative  | Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the entire property?   | d claims on Schedule I<br>ns Secured by Property<br>Current value of the<br>portion you own? |
| 242 Luckey & Street address, if avail                      | Kennedy R                               | d.<br>cription               | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property   | Do not deduct secured clathe amount of any secure Creditors Who Have Clair   | d claims on Schedule E<br>ns Secured by Property<br>Current value of the                     |
| 242 Luckey & Street address, if avail                      | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare   | Do not deduct secured clathe amount of any secured Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y  | Current value of th portion you own? \$180,000 our ownership intere                          |
| 242 Luckey & Street address, if avail                      | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other   | Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of th portion you own? \$180,000 our ownership interes                         |
| 242 Luckey & Street address, if avail                      | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere:<br>What              | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one                  | Do not deduct secured clathe amount of any secured Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y  | Current value of th portion you own? \$180,000 our ownership interes                         |
| 242 Luckey & Street address, if avail  Magee  City         | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere:<br>What              | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only  | Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y (such as fee simple, ten                           | Current value of th portion you own? \$180,000 our ownership interes                         |
| 242 Luckey & Street address, if avail  Magee City  Simpson | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere: What                 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only                            | Do not deduct secured clathe amount of any secured Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y (such as fee simple, tenal life estate), if known. | Current value of the portion you own? \$180,000 our ownership intereancy by the entireties   |
| 242 Luckey & Street address, if avail  Magee City  Simpson | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere: What                 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y (such as fee simple, tensa life estate), if known. | Current value of the portion you own? \$180,000 our ownership intereancy by the entireties   |
| 242 Luckey & Street address, if avail                      | Kennedy R<br>lable, or other desc<br>MS | d.<br>cription<br>39111-0000 | ere: What  Who long Other | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only                            | Do not deduct secured clathe amount of any secured Creditors Who Have Clair  Current value of the entire property? \$180,000.00  Describe the nature of y (such as fee simple, tensa life estate), if known. | Current value of the portion you own? \$180,000 our ownership intereancy by the entireties   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| ount of any securors Who Have Clant value of the property?  \$40,000.00  deduct secured count of any secur  | claims or exemptions. Put red claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  \$40,000.00  claims or exemptions. Put red claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  \$6,000.00 |
|---|---|
| ount of any securors Who Have Clant value of the property?  \$40,000.00  deduct secured count of any securors Who Have Clant value of the property?  \$6,000.00 | sed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$40,000.00  claims or exemptions. Put red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?                                       |
| ount of any securors Who Have Clant value of the property?  \$40,000.00  deduct secured count of any securors Who Have Clant value of the property?  \$6,000.00 | sed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$40,000.00  claims or exemptions. Put red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?                                       |
| ount of any securors Who Have Clant value of the property?  \$40,000.00  deduct secured count of any securors Who Have Clant value of the property?  \$6,000.00 | ced claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$40,000.00  claims or exemptions. Put red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?                                       |
| ount of any securors Who Have Clant value of the property?  \$40,000.00  deduct secured count of any securors Who Have Clant value of the property?  \$6,000.00 | sed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$40,000.00  claims or exemptions. Put red claims on Schedule D: aims Secured by Property.  Current value of the portion you own?                                       |
| st value of the property?  \$40,000.00  deduct secured count of any securers Who Have Claim to value of the property?  \$6,000.00                               | Current value of the portion you own?  \$40,000.00  Claims or exemptions. Put red claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  |
| \$40,000.00  deduct secured count of any securors Who Have Claim value of the property?  \$6,000.00   | \$40,000.00  claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  |
| \$40,000.00  deduct secured count of any securers Who Have Claim to value of the property?  \$6,000.00  | \$40,000.00  claims or exemptions. Put ed claims on Schedule D: nims Secured by Property.  Current value of the portion you own?  |
| deduct secured count of any securors Who Have Clast value of the property? \$6,000.00   | claims or exemptions. Put<br>red claims on Schedule D:<br>nims Secured by Property.<br>Current value of the<br>portion you own?   |
| deduct secured count of any securors Who Have Clast value of the property? \$6,000.00   | claims or exemptions. Put<br>red claims on Schedule D:<br>nims Secured by Property.<br>Current value of the<br>portion you own?   |
| ount of any securors Who Have Clant value of the property? \$6,000.00   | red claims on Schedule D:<br>nims Secured by Property.  Current value of the<br>portion you own?  |
| ors Who Have Clant value of the property? \$6,000.00  | current value of the portion you own?   |
| \$6,000.00  | portion you own?  |
| \$6,000.00  | portion you own?  |
| ries  | \$6,000.00  |
| ries  | \$6,000.00  |
|   |   |
| =>  | \$46,000.00   |
|   | Current value of the portion you own? Do not deduct secured claims or exemptions.   |
|   |   |
| ]   | \$4,500.0   |
|   |   |
| s; music collect  | ions; electronic devices  |
| s; music collect  | ions; electronic devices  |
|   |   |

☐ Yes. Describe.....

| D  | ebtor 1 Bryan S.  | Kennedy Case number (if known)   | 17-02921  |
|----|---|--|---|
|    |   |  |   |
| 9. |   | s and hobbies<br>totographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a<br>distruments  | and kayaks; carpentry tools;  |
|    | ■ No  |  |   |
|    | ☐ Yes. Describe   |  |   |
| 10 | Firearms     Examples: Pistols, r     □ No  | ifles, shotguns, ammunition, and related equipment   |   |
|    | Yes. Describe   |  |   |
|    | — 100. Deconbe  |  |   |
|    |   | XD 45  | \$450.00  |
| _  |   |  |   |
|    |   | 38 Smith & Wesson  | \$300.00  |
|    |   | 30 Offitti & Wesson  | Ψοσοίσο   |
| 11 | . Clothes  Examples: Everyday  □ No  ■ Yes. Describe  | y clothes, furs, leather coats, designer wear, shoes, accessories  |   |
|    |   | Clothes  | \$500.00  |
|    |   | Ciotiles   |   |
| 13 | <ul> <li>Non-farm animals         <ul> <li>Examples: Dogs, ca</li> <li>□ No</li> <li>■ Yes. Describe</li> </ul> </li> </ul> | ts, birds, horses  |   |
|    |   | 1  |   |
|    |   | 4 horses (couldn't pay anyone to take them)  | Unknown   |
|    | ■ No □ Yes. Give specific  5. Add the dollar val  | and household items you did not already list, including any health aids you did not list information  ue of all of your entries from Part 3, including any entries for pages you have attached nat number here | \$7,250.00  |
|    | art 4: Describe Your Fi   |  |   |
| D  | o you own or have ar  | ny legal or equitable interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | ■ No  | ou have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition   | on  |
| 17 | institutio<br>□ No  | g, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage has. If you have multiple accounts with the same institution, list each.                                  | nouses, and other similar   |
|    | Yes   | Institution name:  |   |

| Debtor 1                                 | Bryan S. Kenned                               | dy                                       |   | Case number (if known)    | 17-02921                      |
|--|---|--|---|---------------------------|-------------------------------|
|  | 11  | 7.1.                                     | Edward Jones  |                           | \$12.24                       |
|  |   |  |   | _                         |                               |
|  | s, mutual funds, or punples: Bond funds, inve |  | ge firms, money market accounts   |                           |                               |
|  | i   | Institution or issuer name               | <b>:</b> :  |                           |                               |
| 19. <b>Non-</b> p                        | oublicly traded stock                         | and interests in incorporate             | d and unincorporated business   | ses, including an interes | t in an LLC, partnership, and |
| joint<br>□ No                            | venture                                       |  |   |                           |                               |
|  | Give specific informa                         | ation about them                         |   |                           |                               |
| . 00                                     | Give opeoine interme                          | Name of entity:                          |   | % of ownership:           |                               |
|  |   | 100% ownership Centra                    | l Mississinni Veterinary  |                           |                               |
|  |   | Clinic, P.C.                             | i iliississippi veteriilary   | %                         | Unknown                       |
|  |   |  |   |                           |                               |
|  |   | 100% ownership of Cen                    | tral Mississippi Property   |                           |                               |
|  |   | Management, LLC                          |   | %                         | Unknown                       |
|  |   |  |   |                           |                               |
|  |   | 100% ownership of Mag                    | ee Veterinary Clinic, P.C.  | %                         | Unknown                       |
|  |   |  | <u> </u>  |                           |                               |
|  |   | 100% ownership of Mad                    | lison Veterinary Clinic   |                           |                               |
|  |   | P.C.                                     | ison vetermary omne,  | %                         | Unknown                       |
|  |   |  |   |                           |                               |
|  |   | 100% ownership of Vete                   | erinary Prophets, LLC   | %                         | Unknown                       |
|  |   |  |   |                           |                               |
|  |   | 100% ownership of Kon                    | nody Springs Bronorty   |                           |                               |
|  |   | 100% ownership of Ken<br>Management, LLC | nedy Springs Property   | %                         | Unknown                       |
|  |   |  |   |                           |                               |
|  |   | d/b/a Drycreek Cattle (a                 | ctually an accounting   |                           |                               |
|  |   | mechanism to keep up                     |   | %                         | Unknown                       |
|  |   |  | · ,   |                           |                               |
| Nego<br>Non-                             | otiable instruments inclu                     | ude personal checks, cashiers            | e and non-negotiable instrumer<br>checks, promissory notes, and n<br>to someone by signing or deliver | noney orders.             |                               |
| ■ No                                     | 0:  | Cara abasat dhasa                        |   |                           |                               |
| ⊔ Yes                                    | . Give specific informat                      | tion about them  Issuer name:            |   |                           |                               |
|  |   | issuci name.                             |   |                           |                               |
| 21. <b>Retire</b><br><i>Exan</i><br>□ No | ement or pension accomples: Interests in IRA, | ounts<br>ERISA, Keogh, 401(k), 403(b)    | , thrift savings accounts, or other   | pension or profit-sharing | plans                         |
| ■ Yes                                    | s. List each account sep                      | parately.                                |   |                           |                               |
|  |   | ype of account:                          | Institution name:   |                           |                               |
|  | IF  | RA                                       | Edward Jones  |                           | \$31.00                       |
|  | <u>"</u>                                      |  |   |                           |                               |
| Your                                     |   | posits you have made so that             | you may continue service or use cutilities (electric, gas, water), tele                               |                           | ies, or others                |
|  | i   |  | Institution name or individual:   |                           |                               |
|  |   |  |   |                           |                               |

| De  | ebtor 1        | Bryan S.  | Kennedy   |  |                            | Case number (if known)     | 17-02921  |
|-----|----------------|---|---|--|----------------------------|----------------------------|---|
| 23. | Annuit ■ No    | ies (A contrad                                    | ct for a periodic payment o   | of money to you, either for l                            | life or for a number of    | years)                     |   |
|     | Yes            |   | Issuer name and descrip   | otion.   |                            |                            |   |
|     |                |   | ation IRA, in an account<br>1), 529A(b), and 529(b)(1)                    | in a qualified ABLE prog                                 | gram, or under a qua       | lified state tuition pro   | gram.   |
|     | Yes            |   | Institution name and des  | cription. Separately file the                            | e records of any intere    | ests.11 U.S.C. § 521(c):   |   |
|     | ■ No           | -   |   | erty (other than anything                                | listed in line 1), and     | l rights or powers exe     | rcisable for your benefit   |
|     | ☐ Yes.         | Give specific                                     | information about them  |  |                            |                            |   |
|     |                |   |   | ets, and other intellectua<br>proceeds from royalties an |                            | nts                        |   |
|     | ☐ Yes.         | Give specific                                     | information about them  |  |                            |                            |   |
| 27. |                |   | es, and other general inta<br>permits, exclusive licenses                 | angibles<br>s, cooperative association                   | holdings, liquor licens    | ses, professional license  | es  |
|     |                | Give specific                                     | information about them  |  |                            |                            |   |
| M   | oney or        | property owe                                      | ed to you?  |  |                            |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28  | Tay ref        | unds owed t                                       | o vou   |  |                            |                            | •   |
|     | ■ No           |   |   | ncluding whether you alrea                               | dy filed the returns ar    | nd the tax years           |   |
| 29. |                | support<br>bles: Past due                         | or lump sum alimony, spo  | ousal support, child suppor                              | rt, maintenance, divor     | ce settlement, property    | settlement  |
|     | ☐ Yes.         | Give specific                                     | information   |  |                            |                            |   |
|     | Examp          | oles: Unpaid v                                    | neone owes you<br>vages, disability insurance<br>unpaid loans you made to | payments, disability bene<br>o someone else              | fits, sick pay, vacatior   | n pay, workers' comper     | sation, Social Security   |
|     | ■ No<br>□ Yes. | Give specific                                     | information   |  |                            |                            |   |
| 31. | Examp          | ts in insuran<br>oles: Health, d                  |   | health savings account (H                                | ISA); credit, homeowr      | ner's, or renter's insuran | се  |
|     | ■ No           | Name the ins                                      | urance company of each բ  | nolicy and list its value                                |                            |                            |   |
|     | <b>□</b> 163.  | Ivame me mo                                       | Company name:   |  | Beneficia                  | ry:                        | Surrender or refund value:  |
|     | If you a       | terest in prop<br>are the benefi<br>one has died. | perty that is due you from<br>ciary of a living trust, expe               | n someone who has died<br>ect proceeds from a life ins   | d<br>urance policy, or are | currently entitled to rece | ive property because  |
|     |                | Give specific                                     | information   |  |                            |                            |   |
|     | Examp          | oles: Accident                                    |   | t you have filed a lawsuit<br>nsurance claims, or rights |                            | for payment                |   |

| Debtor         | 1 Bryan S. Kennedy   |                              | Case number (if known)      | 17-02921         |
|----------------|--|------------------------------|-----------------------------|------------------|
|                | Possible claim still bei   | ing investigated             |                             | Unknown          |
| ■ N            | er contingent and unliquidated claims of every nature, incluo o es. Describe each claim  | uding counterclaims          | of the debtor and rights to | set off claims   |
| ■ N            |  |                              |                             |                  |
| 36. <b>A</b>   | es. Give specific information  dd the dollar value of all of your entries from Part 4, includir r Part 4. Write that number here             |                              | ges you have attached       | \$43.24          |
| Part 5:        | Describe Any Business-Related Property You Own or Have an Inte   | erest In. List any real esta | ate in Part 1.              |                  |
| ■ No           | ou own or have any legal or equitable interest in any business-relat<br>. Go to Part 6.<br>s. Go to line 38.                                 | ted property?                |                             |                  |
| Part 6:        | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.                | u Own or Have an Intere      | st In.                      |                  |
|                | you own or have any legal or equitable interest in any farm-<br>No. Go to Part 7.<br>Yes. Go to line 47.                                     |                              | ng-related property?        |                  |
| Part 7:        | Describe All Property You Own or Have an Interest in That Yo   | ou Did Not List Above        |                             |                  |
| Ex<br>■ N      | you have other property of any kind you did not already list amples: Season tickets, country club membership o es. Give specific information | 1?                           |                             |                  |
| 54. <b>A</b>   | dd the dollar value of all of your entries from Part 7. Write th   | nat number here              |                             | \$0.00           |
| Part 8:        | List the Totals of Each Part of this Form  |                              |                             |                  |
|                | art 1: Total real estate, line 2   |                              |                             | \$1,064,500.00   |
|                | nt 2: Total vehicles, line 5<br>nt 3: Total personal and household items, line 15  | \$46,000.00<br>\$7,250.00    |                             |                  |
|                | art 4: Total financial assets, line 36   | \$43.24                      |                             |                  |
| 59. <b>P</b> a | art 5: Total business-related property, line 45  | \$0.00                       |                             |                  |
|                | art 6: Total farm- and fishing-related property, line 52<br>art 7: Total other property not listed, line 54 +                                | \$0.00<br>\$0.00             |                             |                  |
| 62. <b>T</b> o | otal personal property. Add lines 56 through 61  | \$53,293.24                  | Copy personal property to   | stal \$53,293.24 |
| 63. <b>T</b> o | otal of all property on Schedule A/B. Add line 55 + line 62  |                              |                             | \$1,117,793,24   |

| Fill in this infor  | mation to identify your  | case:             |                |                                      |
|---------------------|--------------------------|-------------------|----------------|--------------------------------------|
| Debtor 1            | Bryan S. Kennedy         | y                 |                |                                      |
|                     | First Name               | Middle Name       | Last Name      |                                      |
| Debtor 2            |                          |                   |                |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |                                      |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF MISSISSIPPI |                                      |
| Case number         | 17-02921                 |                   |                |                                      |
| (if known)          |                          |                   |                | ☐ Check if this is an amended filing |

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption   |
|--------------------------------------|-----------------------------------|---|--|
| Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |  |
| \$510,000.00                         |                                   | \$75,000.00   | Miss. Code Ann. § 85-3-21  |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$40,000.00                          |                                   | \$3,050.00  | Miss. Code Ann. § 85-3-1(a   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$4,500.00                           |                                   | \$4,500.00  | Miss. Code Ann. § 85-3-1(a   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$1,500.00                           |                                   | \$1,500.00  | Miss. Code Ann. § 85-3-1(a   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$450.00                             |                                   | \$450.00  | Miss. Code Ann. § 85-3-1(a   |
|                                      |                                   | 100% of fair market value, up to any applicable statutory limit |  |
|                                      | \$40,000.00 \$4,500.00 \$1,500.00 | \$40,000.00 \$44,500.00 \$1,500.00 \$1,500.00                   | \$510,000.00  \$510,000.00  \$510,000.00  \$100% of fair market value, up to any applicable statutory limit  \$40,000.00  \$100% of fair market value, up to any applicable statutory limit  \$4,500.00  \$100% of fair market value, up to any applicable statutory limit  \$1,500.00 |

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| De | ebtor 1 Bryan S. Kennedy  |                                      |        | Case number (if known)  | 17-02921                           |
|----|---|--------------------------------------|--------|---|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own |        |   | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
|    | Clothes Line from Schedule A/B: 11.1  | \$500.00                             |        | \$500.00  | Miss. Code Ann. § 85-3-1(a)        |
|    | Line Holli Schedule A.B. 11.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | IRA: Edward Jones Line from Schedule A/B: 21.1  | \$31.00                              |        | \$31.00   | Miss. Code Ann. § 85-3-1(e)        |
|    | Line from Schedule Arb. 21.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 132 Hummingbird Road<br>Magee, MS 39211   | Unknown                              |        | Unknown   | Miss. Code Ann. § 19-29-41         |
|    | Line from Schedule A/B:   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No | 3 years after that for ca            | ses fi | ,   | ,                                  |
|    | ☐ Yes. Did you acquire the property cove☐ No  | red by the exemption wi              | thin 1 | 215 days before you filed this case                             | ?                                  |
|    | ☐ Yes   |                                      |        |   |                                    |

| Fill in this information to identify you          | ir case.  |                         |  |                             |
|---|---|-------------------------|--|-----------------------------|
|   |   |                         |  |                             |
| Debtor 1 Bryan S. Kenne First Name                | Middle Name Last Name   |                         |  |                             |
| Debtor 2 (Spouse if, filing) First Name           | Middle Name Last Name   |                         |  |                             |
| 3,  |   |                         |  |                             |
| United States Bankruptcy Court for the            | SOUTHERN DISTRICT OF MISSISSIPPI  |                         |  |                             |
| Case number 17-02921 (if known)                   |   |                         | □ Chook                                      | if this is on               |
| (II KIOWI)  |   |                         | _  | if this is an<br>led filing |
|   |   |                         |  | 3                           |
| Official Form 106D                                |   |                         |  |                             |
| Schedule D: Creditors                             | Who Have Claims Secure  | d by Propert            | y  | 12/15                       |
|   | If two married people are filing together, both are e<br>out, number the entries, and attach it to this form. |                         |  |                             |
| 1. Do any creditors have claims secured b         | y your property?  |                         |  |                             |
| ☐ No. Check this box and submit t                 | his form to the court with your other schedules.  | You have nothing else t | o report on this form.                       |                             |
| ■ Yes. Fill in all of the information             | below.  | -                       |  |                             |
| Part 1: List All Secured Claims                   |   |                         |  |                             |
|   | more than one secured claim, list the creditor separate   | Column A                | Column B                                     | Column C                    |
|   | s a particular claim, list the other creditors in Part 2. As  |                         | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 **Priority One Bank                           | Describe the property that secures the claim:   | \$136,263.53            | \$180,000.00                                 | \$0.00                      |
| Creditor's Name                                   | 242 Luckey & Kennedy Rd. Magee,<br>MS 39111 Simpson County  |                         |  |                             |
| P.O. Box 186<br>Mendenhall, MS 39114              | As of the date you file, the claim is: Check all that apply.  Contingent                                      |                         |  |                             |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated  |                         |  |                             |
|   | Disputed  |                         |  |                             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.   |                         |  |                             |
| Debtor 1 only                                     |   | ecured                  |  |                             |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                         |  |                             |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit  |                         |  |                             |
| ☐ Check if this claim relates to a                | Other (including a right to offset)   |                         |  |                             |
| community debt                                    |   |                         |  |                             |
| Date debt was incurred                            | Last 4 digits of account number   |                         |  |                             |
| 2.2 **Priorityone Bank                            | Describe the property that secures the claim:   | \$35,659.00             | \$40,000.00                                  | \$0.00                      |
| Creditor's Name                                   | 2015 Chevrolet 2500 Silverado HD  | φ33,039.00              | Ψ40,000.00                                   | φ0.00                       |
|   |   |                         |  |                             |
| 220 Main Ave N                                    | As of the date you file, the claim is: Check all that   |                         |  |                             |
| 220 Main Ave N<br>Magee, MS 39111                 | apply.  |                         |  |                             |
| Number, Street, City, State & Zip Code            | ☐ Contingent ☐ Unliquidated   |                         |  |                             |
| Hamber, Greek, Oky, Glate a Zip Gode              | ☐ Disputed  |                         |  |                             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.   |                         |  |                             |
| ■ Debtor 1 only                                   | An agreement you made (such as mortgage or second sortlean)   | ecured                  |  |                             |
| Debtor 2 only                                     | car loan)   |                         |  |                             |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                         |  |                             |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit  |                         |  |                             |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)   |                         |  |                             |

| Debtor 1 Bryan S. K                             | Cennedy                                   |   | Case number (if know) | 17-02921     |        |
|---|---|---|-----------------------|--------------|--------|
| First Name                                      | Middle N                                  | lame Last Name  |                       |              |        |
| Date debt was incurred                          | Opened<br>07/15 Last<br>Active<br>6/09/17 | Last 4 digits of account number 4628  |                       |              |        |
|   |   |   |                       |              |        |
| 2.3 **Priorityone B                             | Bank                                      | Describe the property that secures the claim:   | \$3,379.00            | \$6,000.00   | \$0.00 |
| Creditor's Name                                 |   | Lawn Tractor  |                       |              |        |
| 220 Main Ave I<br>Magee, MS 391                 |   | As of the date you file, the claim is: Check all that apply.  Contingent  |                       |              |        |
| Number, Street, City, S                         | tate & Zip Code                           | ☐ Unliquidated  |                       |              |        |
| Who owes the debt? C                            | heck one.                                 | ☐ Disputed  Nature of lien. Check all that apply.   |                       |              |        |
| ■ Debtor 1 only                                 |   | ☐ An agreement you made (such as mortgage or se   | ecured                |              |        |
| Debtor 2 only                                   |   | car loan)   |                       |              |        |
| Debtor 1 and Debtor 2                           | only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                       |              |        |
| ☐ At least one of the deb                       | =   | ☐ Judgment lien from a lawsuit  |                       |              |        |
| ☐ Check if this claim re                        | lates to a                                | ☐ Other (including a right to offset)   |                       |              |        |
| community debt                                  |   |   |                       |              |        |
|   | Opened<br>02/16 Last<br>Active            |   |                       |              |        |
| Date debt was incurred                          | 2/27/17                                   | Last 4 digits of account number 7928  |                       |              |        |
| 2.4 Peoples Bank                                |   | Describe the property that secures the claim:   | \$210,000.00          | \$374,500.00 | \$0.00 |
| **% Deep Sout<br>216 Main St.<br>Collins, MS 39 |   | 234, 240 and 265 Luckey & Kennedy Road Magee, MS 39111 Simpson County  As of the date you file, the claim is: Check all that apply.  Contingent |                       |              |        |
| Number, Street, City, S                         | tate & Zip Code                           | ☐ Unliquidated  |                       |              |        |
| Who owes the debt? C                            | heck one.                                 | ☐ Disputed  Nature of lien. Check all that apply.   |                       |              |        |
| Debtor 1 only                                   |   | ☐ An agreement you made (such as mortgage or se   | ecured                |              |        |
| Debtor 2 only                                   |   | car loan)   |                       |              |        |
| Debtor 1 and Debtor 2                           | only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                       |              |        |
| At least one of the deb                         | tors and another                          | ☐ Judgment lien from a lawsuit  |                       |              |        |
| ☐ Check if this claim re community debt         | lates to a                                | Other (including a right to offset)   |                       |              |        |
| Date debt was incurred                          |   | Last 4 digits of account number   |                       |              |        |
| 2.5 Privately Held                              |   | Describe the property that secures the claim:   | \$370,000.00          | \$510,000.00 | \$0.00 |
| Creditor's Name                                 |   | 132 Hummingbird Road Magee, MS  |                       |              |        |
| **Benny Kimbe<br>2 Sweet Olive<br>Covington, LA | Lane                                      | As of the date you file, the claim is: Check all that apply.  ☐ Contingent  |                       |              |        |
| Number, Street, City, S                         | tate & Zip Code                           | ☐ Unliquidated ☐ Disputed   |                       |              |        |
| Who owes the debt? C                            | heck one.                                 | Nature of lien. Check all that apply.   |                       |              |        |
| Debtor 1 only                                   |   | An agreement you made (such as mortgage or secar loan)  | ecured                |              |        |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2         | only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                       |              |        |
| At least one of the deb                         | -   | ☐ Judgment lien from a lawsuit  |                       |              |        |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Deptor 1 Bryan S. Kennedy  |  |   |                                   | Case number (if know) 17-02921       |  |  |
|--|--|---|-----------------------------------|--------------------------------------|--|--|
|  | First Name                             | Middle Name   | Last Name                         |                                      |  |  |
|  | k if this claim relates to munity debt | a Other (inc  | eluding a right to offset)        |                                      |  |  |
| Date del   | ot was incurred                        | Last 4  | digits of account number          |                                      |  |  |
|  |  |   |                                   |                                      |  |  |
| Add th   | e dollar value of your en              | tries in Column A on th                             | is page. Write that number her    | re: \$755,301.                       | .53  |  |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: |  |   | e totals from all pages.          | \$755,301.                           | 53   |  |
| Part 2:  | List Others to Be No                   | otified for a Debt Tha                              | t You Already Listed              |                                      |  |  |
| trying to<br>than one  | collect from you for a d               | ebt you owe to someon<br>debts that you listed in l | e else, list the creditor in Part | 1, and then list the collection age  | or example, if a collection agency is<br>ncy here. Similarly, if you have more<br>ional persons to be notified for any |  |
|  | ame, Number, Street, City              | , State & Zip Code                                  |                                   | On which line in Part 1 did you ente | er the creditor? 2.4   |  |
|  | 615 5th Street SW<br>lagee, MS 39111   |   |                                   | Last 4 digits of account number      |  |  |

| Fill in this information to identify your case  | :  |   |   |   |  |
|---|--|---|---|---|--|
| Debtor 1 Bryan S. Kennedy   |  |   |   |   |  |
| First Name  | Middle Name  | Last Name   |   |   |  |
| Debtor 2  | ACT III AI   |   |   |   |  |
| (Spouse if, filing) First Name  | Middle Name  | Last Name   |   |   |  |
| United States Bankruptcy Court for the: SC  | OUTHERN DISTRICT OF M  | IISSISSIPPI   |   |   |  |
| Case number 17-02921  |  |   |   | _   | if this is an<br>ed filing                           |
| Official Form 106E/F  |  |   | •   |   |  |
| Schedule E/F: Creditors Who   | <b>Have Unsecured</b>  | l Claims  |   |   | 12/15  |
| Be as complete and accurate as possible. Use Parany executory contracts or unexpired leases that a Schedule G: Executory Contracts and Unexpired I Schedule D: Creditors Who Have Claims Secured left. Attach the Continuation Page to this page. If yname and case number (if known).  Part 1: List All of Your PRIORITY Unsecu  | could result in a claim. Also Leases (Official Form 106G). I by Property. If more space is you have no information to re | list executory contracts on Do not include any creditor needed, copy the Part you | on Schedule A/B: P<br>ors with partially s<br>ou need, fill it out, r | roperty (Official Form<br>ecured claims that a<br>number the entries ir | n 106A/B) and on<br>re listed in<br>the boxes on the |
| Do any creditors have priority unsecured claim  | ims against you?   |   |   |   |  |
| ☐ No. Go to Part 2.   |  |   |   |   |  |
| Yes.  |  |   |   |   |  |
| List all of your priority unsecured claims. If a identify what type of claim it is. If a claim has bot possible, list the claims in alphabetical order acc Part 1. If more than one creditor holds a particular to the priority of the control of the priority of the pri | h priority and nonpriority amour cording to the creditor's name. If  | nts, list that claim here and f you have more than two p                          | show both priority a  | nd nonpriority amount   | s. As much as  |
| (For an explanation of each type of claim, see th   | e instructions for this form in the  |   | otal claim  | Priority amount   | Nonpriority amount                                   |
| 2.1 **Internal Revenue Ser  | Last 4 digits of accou   | unt number  | \$31,500.00   | \$31,500.00   | \$0.00   |
| Priority Creditor's Name  |  |   |   |   | · ·  |
| P.O. Box 7346<br>Philadelphia, PA 19101-7346  | When was the debt in   | ncurred?  |   |   |  |
| Number Street City State Zlp Code   | As of the date you file  | e, the claim is: Check all the  | nat apply   |   |  |
| Who incurred the debt? Check one.   | ☐ Contingent   |   |   |   |  |
| ■ Debtor 1 only   | ☐ Unliquidated   |   |   |   |  |
| Debtor 2 only   | ☐ Disputed   |   |   |   |  |
| ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY un  | secured claim:  |   |   |  |
| ☐ At least one of the debtors and another   | ☐ Domestic support of  | obligations   |   |   |  |
| ☐ Check if this claim is for a community d  | ebt Taxes and certain of   | other debts you owe the go  | vernment  |   |  |
| Is the claim subject to offset?   |  | r personal injury while you w   |   |   |  |
| ■ No  | Other. Specify   |   |   |   |  |
| Yes   | · · <u>—</u>   |   |   |   |  |
| 2.2 **MS Dept of Emp Sec  | Last 4 digits of accou   | unt number  | \$4,100.00  | \$4,100.00  | \$0.00   |
| Priority Creditor's Name P.O. Box 1699  | When was the debt in   | ncurred?  |   |   |  |
| Jackson, MS 39215-1699  Number Street City State Zlp Code   | As of the date you file  | e, the claim is: Check all the  | nat apply   | •   |  |
| Who incurred the debt? Check one.   | Contingent   |   |   |   |  |
| Debtor 1 only   | ☐ Unliquidated   |   |   |   |  |
| Debtor 2 only   | ☐ Disputed   |   |   |   |  |
| ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY un  | secured claim:  |   |   |  |
| ☐ At least one of the debtors and another   | ☐ Domestic support of  |   |   |   |  |
| ☐ Check if this claim is for a community d  | • •  | other debts you owe the go  | vernment  |   |  |
| Is the claim subject to offset?   | — Taxoo and contain c  | otner debts you owe the go<br>r personal injury while you w                       |   |   |  |
| ■ No  | Other. Specify   | porsonal injury write you w   | TOTO ITTOXIDATED  |   |  |
| Yes   |  | eing paid directly by   | / business  |   |  |
|   |  |   |   |   |  |

Official Form 106 E/F

| De  | btor 1 Bryan S. Kennedy   |                        | Case   | e number (if know)               | 17-02921                     |        |
|-----|---|------------------------|--|----------------------------------|------------------------------|--------|
| 2.3 | **MS State Dept. Rev Priority Creditor's Name   | Last 4 digits of ac    | count number   | \$3,000.00                       | \$3,000.00                   | \$0.00 |
|     | Bankruptcy Section P.O. Box 22808 Jackson, MS 39225-2808  | When was the de        | bt incurred?   |                                  | _                            |        |
|     | Number Street City State Zlp Code   | As of the date you     | ı file, the claim is: Check  | all that apply                   |                              |        |
|     | Who incurred the debt? Check one.   | ☐ Contingent           |  |                                  |                              |        |
|     | Debtor 1 only   | ☐ Unliquidated         |  |                                  |                              |        |
|     | ☐ Debtor 2 only   | ☐ Disputed             |  |                                  |                              |        |
|     | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY       | unsecured claim:   |                                  |                              |        |
|     | ☐ At least one of the debtors and another   | ☐ Domestic supp        | ort obligations  |                                  |                              |        |
|     | ☐ Check if this claim is for a community debt   | ■ Taxes and cert       | ain other debts you owe th   | ne government                    |                              |        |
|     | Is the claim subject to offset?   | ☐ Claims for deat      | h or personal injury while y   | you were intoxicated             |                              |        |
|     | ■ No  | Other. Specify         |  |                                  |                              |        |
|     | Yes   |                        |  |                                  |                              |        |
| 2.4 | omposit ocurry run  | Last 4 digits of ac    | count number   | \$9,500.00                       | \$9,500.00                   | \$0.00 |
|     | Priority Creditor's Name P.O. Box 459 Mendenhall, MS 39114  | When was the de        | bt incurred?   |                                  | -                            |        |
|     | Number Street City State Zlp Code   | As of the date you     | u file, the claim is: Check  | all that apply                   |                              |        |
|     | Who incurred the debt? Check one.   | ☐ Contingent           |  |                                  |                              |        |
|     | Debtor 1 only   | ☐ Unliquidated         |  |                                  |                              |        |
|     | ☐ Debtor 2 only   | ☐ Disputed             |  |                                  |                              |        |
|     | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY       | unsecured claim:   |                                  |                              |        |
|     | ☐ At least one of the debtors and another   | ☐ Domestic supp        | ort obligations  |                                  |                              |        |
|     | ☐ Check if this claim is for a community debt   | ■ Taxes and certa      | ain other debts you owe th   | ne government                    |                              |        |
|     | Is the claim subject to offset?   | ☐ Claims for deat      | h or personal injury while y   | you were intoxicated             |                              |        |
|     | ■ No  | Other. Specify         |  |                                  |                              |        |
|     | ☐ Yes   |                        | 1660 Simpson Hw<br>132 Hummingbird<br>Central MS Vet Cli<br>240 Luckey & Ken | Rd. \$2,850<br>inic Personal Pro | perty \$750                  |        |
| De  | rt 2: List All of Your NONPRIORITY Unsecu   | urad Claims            |  |                                  |                              |        |
|     | Do any creditors have nonpriority unsecured claim   |                        |  |                                  |                              |        |
| э.  |   |                        |  |                                  |                              |        |
|     | No. You have nothing to report in this part. Submit   | this form to the court | with your other schedules.   |                                  |                              |        |
|     | Yes.  |                        |  |                                  |                              |        |
| 4.  | List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each or the control of |                        | isted, identify what type of   |                                  | aims already included in Par |        |

Total claim

| Debto | r1 Bryan S. Kennedy   |  | Case number (if know) 17-02921                |              |
|-------|---|--|---|--------------|
| 4.1   | **Amex  | Last 4 digits of account number                              | 4223  | \$5,077.00   |
|       | Nonpriority Creditor's Name  Correspondence Po Box 981540 El Paso, TX 79998               | When was the debt incurred?                                  | Opened 12/15 Last Active 8/08/17              |              |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim                           | is: Check all that apply                      |              |
|       | Debtor 1 only   | ☐ Contingent   |   |              |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed                                     |   |              |
|       | ☐ At least one of the debtors and another☐ Check if this claim is for a community         | Type of NONPRIORITY unsecure  ☐ Student loans                |   |              |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |              |
|       | Yes   | Other. Specify Credit Card                                   | <u> </u>                                      |              |
| 4.2   | **BankPlus  | Last 4 digits of account number                              |   | \$246,000.00 |
|       | Nonpriority Creditor's Name 385-A Highland Colony Ste 110                                 | When was the debt incurred?                                  |   |              |
|       | Ridgeland, MS 39157  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |              |
|       | ☐ Debtor 1 only   | Contingent   |   |              |
|       | ☐ Debtor 2 only   | Unliquidated   |   |              |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |              |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |              |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |   |              |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|       | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |              |
|       | Yes   | Other. Specify personal g                                    | uarantee on business debt                     |              |
| 4.3   | **Barclays Bank Delawa Nonpriority Creditor's Name  | Last 4 digits of account number                              | 0361  | \$2,127.00   |
|       | 100 S West St<br>Wilmington, DE 19801   | When was the debt incurred?                                  | Opened 12/15 Last Active 6/21/17              |              |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                       | As of the date you file, the claim                           | is: Check all that apply                      |              |
|       | Debtor 1 only   | ☐ Contingent   |   |              |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |              |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |              |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 |   |              |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |   |              |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |              |
|       | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |              |
|       | ☐ Yes   | ■ Other. Specify Credit Card                                 | I   |              |

| Debto | T1 Bryan S. Kennedy  |  | Case number (if know) 17-02921               |             |  |  |  |
|-------|--|--|--|-------------|--|--|--|
| 4.4   | **CAN Capital/WebBk  | Last 4 digits of account number                              |  | \$13,511.27 |  |  |  |
|       | Nonpriority Creditor's Name 414 W. 14th St.  | W. 14th St. When was the debt incurred?                      |  |             |  |  |  |
|       | New York, NY 10014  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           |  |             |  |  |  |
|       | Debtor 1 only  | Пол  |  |             |  |  |  |
|       | _  | ☐ Contingent   |  |             |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |  |             |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                    | l claim:                                     |             |  |  |  |
|       | ☐ At least one of the debtors and another  | Student loans  | a Claiiii.                                   |             |  |  |  |
|       | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a sepa                          | ration agreement or divorce that you did not |             |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims                                    |  |             |  |  |  |
|       | No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|       | Yes  | Other. Specify   |  |             |  |  |  |
| 4.5   | **Capital One  | Last 4 digits of account number                              | 9379   | \$6,852.00  |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253                                | When was the debt incurred?                                  | Opened 12/15 Last Active 6/01/17             |             |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim                           | s: Check all that apply                      |             |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |             |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |  |             |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |  |  |  |
|       | lacksquare At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |  |
|       | ☐ Check if this claim is for a community   | Student loans  |  |             |  |  |  |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |  |  |  |
|       | Yes  | Other. Specify Charge Acc                                    | count  |             |  |  |  |
| 4.6   | **Capital One  | Last 4 digits of account number                              | 0064   | \$3,336.00  |  |  |  |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30253 Solt Lake City LIT 84130       | When was the debt incurred?                                  | Opened 12/15 Last Active 7/17/17             |             |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim                           | s: Check all that apply                      |             |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |  |             |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |  |             |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |  |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                |  |             |  |  |  |
|       | ☐ Check if this claim is for a community   | Student loans  |  |             |  |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims |  |             |  |  |  |
|       | ■ No   | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |             |  |  |  |
|       | ☐ Yes  | ■ Other Specify Charge Acc                                   | count  |             |  |  |  |
|       |  | - Outlot. Opcomy   |  |             |  |  |  |

| Debto | r 1 Bryan S. Kennedy  |   | Case number (if know) 17-02921  |            |  |  |  |
|-------|---|---|---|------------|--|--|--|
| 4.7   | **Capital One Nonpriority Creditor's Name   | Last 4 digits of account number   | 1991  | \$1,667.00 |  |  |  |
|       | 15000 Capital One Dr<br>Richmond, VA 23238  | When was the debt incurred?   | Opened 06/12 Last Active 7/11/17  |            |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply  |            |  |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | aration agreement or divorce that you did not   |            |  |  |  |
|       |   | Other. Specify  |   |            |  |  |  |
| 4.8   | **Cardworks/CW Nexus Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201   | Last 4 digits of account number  When was the debt incurred?  | 9524  Opened 07/13 Last Active 4/21/17  | \$1,976.00 |  |  |  |
|       | Old Bethpage, NY 11804  Number Street City State Zlp Code  Who incurred the debt? Check one.  | is: Check all that apply  |   |            |  |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only  | ☐ Contingent ☐ Unliquidated ☐ Disputed  |   |            |  |  |  |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?   | Type of NONPRIORITY unsecured  Student loans  | d claim:  |            |  |  |  |
|       | ■ No □ Yes  | · ·   | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Merrick Bk Credit Card |            |  |  |  |
|       | Li res  | Other. Specify  | Credit Card   |            |  |  |  |
| 4.9   | **Credit One Bank Na Nonpriority Creditor's Name  | Last 4 digits of account number   | 0395  | \$1,214.00 |  |  |  |
|       | Po Box 98872<br>Las Vegas, NV 89193   | When was the debt incurred?   | Opened 04/15 Last Active 4/20/17  |            |  |  |  |
|       | Number Street City State ZIp Code Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply  |            |  |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |   |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims  | d claim:<br>aration agreement or divorce that you did not   |            |  |  |  |
|       | ■ No □ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card  |   |            |  |  |  |

| Debto | or 1 Bryan S. Kennedy   |  | Case number (if know)         | 17-02921         |             |  |
|-------|---|--|-------------------------------|------------------|-------------|--|
| 4.1   | **Credit One Bank Na  | Last 4 digits of account number                              | 0875                          |                  | \$580.00    |  |
|       | Nonpriority Creditor's Name   | _  |                               |                  |             |  |
|       | Po Box 98873<br>Las Vegas, NV 89193                                 | When was the debt incurred?                                  | Opened 04/16 Last 5/22/17     | l Active         |             |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply       |                  |             |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |                               |                  |             |  |
|       | Debtor 2 only   | ☐ Unliquidated   |                               |                  |             |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                               |                  |             |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                      |                  |             |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |                               |                  |             |  |
|       | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce   | that you did not |             |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar de | ebts             |             |  |
|       | □Yes  | Other. Specify Credit Card                                   | <u> </u>                      |                  |             |  |
| 4.1   | **Discover Bank   | Last 4 digits of account number                              |                               |                  | \$14,500.00 |  |
| 1     | Nonpriority Creditor's Name   | Last 4 digits of account number                              |                               |                  | Ψ14,000.00  |  |
|       | % Smith & McArty<br>701 "Avignon Dr #201<br>Ridgeland, MS 39157     | When was the debt incurred?                                  |                               |                  |             |  |
|       | Number Street City State Zlp Code                                   | As of the date you file, the claim                           | s: Check all that apply       |                  |             |  |
|       | Who incurred the debt? Check one.                                   | •  | 11.7                          |                  |             |  |
|       | Debtor 1 only   | ☐ Contingent   |                               |                  |             |  |
|       | Debtor 2 only   | ☐ Unliquidated   |                               |                  |             |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                               |                  |             |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                      |                  |             |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |                               |                  |             |  |
|       | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce   | that you did not |             |  |
|       | No  | Debts to pension or profit-sharing                           | g plans, and other similar de | ebts             |             |  |
|       | Yes   | Other. Specify   |                               |                  |             |  |
| 4.1   | **First Premier   | Last 4 digits of account number                              | 0586                          |                  | \$501.00    |  |
|       | Nonpriority Creditor's Name   | _  |                               |                  |             |  |
|       | 601 S Minneapolis Ave<br>Sioux Falls, SD 57104                      | When was the debt incurred?                                  | Opened 04/15 Last<br>4/10/17  | l Active         |             |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim                           |                               |                  |             |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |                               |                  |             |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |                               |                  |             |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |                               |                  |             |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                | d claim:                      |                  |             |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans  |                               |                  |             |  |
|       | debt  | Obligations arising out of a sepa                            | ration agreement or divorce   | that you did not |             |  |
|       | Is the claim subject to offset?                                     | report as priority claims                                    |                               |                  |             |  |
|       | ■ No  | Debts to pension or profit-sharing                           | • •                           | ebts             |             |  |
|       | Yes   | ■ Other. Specify Credit Card                                 |                               |                  |             |  |

| Debtor   | Bryan S. Kennedy  |  | Case number (if know) 17-02921               |             |  |  |
|----------|---|--|--|-------------|--|--|
| 4.1      | **John & Cindy Jensen   | Last 4 digits of account number  |  | \$40,700.00 |  |  |
|          | Nonpriority Creditor's Name<br>3243 Simpson Hwy 149<br>Braxton, MS 39044                | When was the debt incurred?  |  |             |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                    | As of the date you file, the claim   | s: Check all that apply                      |             |  |  |
|          | _   |  |  |             |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|          | Debtor 2 only   | Unliquidated   |  |             |  |  |
|          | Debtor 1 and Debtor 2 only  | Disputed   |  |             |  |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |             |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |  |  |
|          | Yes   | Other. Specify   |  |             |  |  |
| 4.1      | **Kohls/Capital One   | Last 4 digits of account number  | 5383   | \$203.00    |  |  |
|          | Nonpriority Creditor's Name Kohls Credit Po Box 3043                                    | When was the debt incurred?  | Opened 04/15 Last Active 6/19/17             |             |  |  |
|          | Milwaukee, WI 53201  Number Street City State Zlp Code                                  | As of the date you file, the claim   | e: Check all that apply                      |             |  |  |
|          | Who incurred the debt? Check one.   | As of the date you me, the claim   | s. Check all that apply                      |             |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |  |             |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |  |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |  |  |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |             |  |  |
|          | Yes   | Other. Specify Charge Acc  |  |             |  |  |
| 4.1<br>5 | **Loanme Inc  | Last 4 digits of account number  | 0914   | \$14,995.00 |  |  |
|          | Nonpriority Creditor's Name 1900 S State St Ste. 300                                    | When was the debt incurred?  | Opened 10/15 Last Active 6/20/17             |             |  |  |
|          | Anaheim, CA 92806  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | s: Check all that apply                      |             |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |             |  |  |
|          | ☐ Check if this claim is for a community debt   | Student loans  |  |             |  |  |
|          | Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |  |             |  |  |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |  |             |  |  |
|          | Yes   | ■ Other. Specify Agriculture   |  |             |  |  |

| Debto    | Bryan S. Kennedy   |  | Case number (if know) 17  | -02921       |  |  |  |
|----------|--|--|---|--------------|--|--|--|
| 4.1<br>6 | **Merrit Vet Supply  | Last 4 digits of account number                            | unts  | \$55,000.00  |  |  |  |
|          | Nonpriority Creditor's Name<br>1520 Pineview Drive<br>Columbia, SC 29209 | When was the debt incurred?                                |   |              |  |  |  |
|          | Number Street City State ZIp Code  | As of the date you file, the claim                         | s: Check all that apply   |              |  |  |  |
|          | Who incurred the debt? Check one.  |  |   |              |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |   |              |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |              |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |              |  |  |  |
|          | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                               | d claim:  |              |  |  |  |
|          | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |              |  |  |  |
|          | debt Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims | ration agreement or divorce that y                                | ou did not   |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                                  |              |  |  |  |
|          | Yes  |  |   |              |  |  |  |
| 4.1<br>7 | **Navient  | Last 4 digits of account number                            | 0726  | \$108,077.00 |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9500                 | When was the debt incurred?                                | Opened 07/02 Last Act 5/06/16                                     | ive          |  |  |  |
|          | Wilkes-Barr, PA 18773  |  |   |              |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim                         | s: Check all that apply   |              |  |  |  |
|          | _  | ☐ Contingent   |   |              |  |  |  |
|          | Debtor 1 only  | ☐ Unliquidated   |   |              |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Disputed   |   |              |  |  |  |
|          | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                               | d claim:  |              |  |  |  |
|          | ☐ At least one of the debtors and another                                | Student loans  |   |              |  |  |  |
|          | ☐ Check if this claim is for a community debt                            | ☐ Obligations arising out of a sepa                        | ration agreement or diverse that u                                | ou did not   |  |  |  |
|          | Is the claim subject to offset?  | report as priority claims                                  | rration agreement or divorce that y                               | ou dia not   |  |  |  |
|          | ■ No   | ☐ Debts to pension or profit-sharing                       | Debts to pension or profit-sharing plans, and other similar debts |              |  |  |  |
|          | ☐ Yes  | Other. Specify   |   |              |  |  |  |
|          |  | Educationa   | ıl  | <del></del>  |  |  |  |
| 1        |  |  | alanad  |              |  |  |  |
| 4.1<br>8 | **Peoples Bank   | Last 4 digits of account number                            | closed<br>account   | \$3,000.00   |  |  |  |
|          | Nonpriority Creditor's Name<br>1632 US Hwy 49<br>Magee, MS 39111         | When was the debt incurred?                                |   |              |  |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                         | s: Check all that apply   |              |  |  |  |
|          | Who incurred the debt? Check one.  |  |   |              |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |   |              |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |              |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |              |  |  |  |
|          | ☐ At least one of the debtors and another                                | Type of NONPRIORITY unsecure                               | d claim:  |              |  |  |  |
|          | ☐ Check if this claim is for a community                                 | ☐ Student loans  |   |              |  |  |  |
|          | debt Is the claim subject to offset?                                     | Obligations arising out of a separeport as priority claims | ration agreement or divorce that y                                | ou did not   |  |  |  |
|          | No   | Debts to pension or profit-sharir                          | a plans, and other similar debts                                  |              |  |  |  |
|          |  |  | g plans, and outer similar debts                                  |              |  |  |  |
|          | ☐ Yes  | Other. Specify   |   |              |  |  |  |

| Debtor | Bryan S. Kennedy   | Case number (if know) 17-02921  |                             |  |  |  |
|--------|--|---|-----------------------------|--|--|--|
| 4.1    | **Receivables Performa   | Last 4 digits of account number 8735  | \$841.00                    |  |  |  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1548                                 | When was the debt incurred? Opened 04/17  |                             |  |  |  |
|        | Lynnwood, WA 98036  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                             |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |                             |  |  |  |
|        | Debtor 2 only  | ☐ Unliquidated  |                             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | ■ Disputed  |                             |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                             |  |  |  |
|        | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                             |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                             |  |  |  |
|        | Yes  | ■ Other. Specify DISPUTED: Collection Attorney Directv  |                             |  |  |  |
| 4.2    | **Sherman Originator   | Last 4 digits of account number 0436  | \$11,821.62                 |  |  |  |
|        | Nonpriority Creditor's Name  % Resurgent Capital  P.O. Box 10497                         | When was the debt incurred?   |                             |  |  |  |
|        | Greenville, SC 29603  Number Street City State Zlp Code                                  | As of the date you file, the claim is: Check all that apply   |                             |  |  |  |
|        | Who incurred the debt? Check one.  |   |                             |  |  |  |
|        | Debtor 1 only  | ☐ Contingent  |                             |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |                             |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                             |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                             |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |                             |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |                             |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                             |  |  |  |
|        | Yes  | Other. Specify Avant, Inc.  |                             |  |  |  |
| 4.2    | **Stearns Bank Leasing Nonpriority Creditor's Name                                       | Last 4 digits of account number   | Unknown                     |  |  |  |
|        | 500 13th St.<br>Albany, MN 56307   | When was the debt incurred?   |                             |  |  |  |
|        | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                             |  |  |  |
|        | Who incurred the debt? Check one.  | _   |                             |  |  |  |
|        | Debtor 1 only  | ■ Contingent  |                             |  |  |  |
|        | Debtor 2 only  | ■ Unliquidated  |                             |  |  |  |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                             |  |  |  |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                             |  |  |  |
|        | Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                   |                             |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                      |                             |  |  |  |
|        | ■ No   |   |                             |  |  |  |
|        | Yes  | ■ Other. Specify personal guarnantee on business debt   | juarnantee on business debt |  |  |  |

| Debtor          | 1 Bryan S. Kennedy   |   | Case number (if know)   | 17-02921           |                           |  |  |  |
|-----------------|--|---|---|--------------------|---------------------------|--|--|--|
| 4.2<br>2        | **Twin Cedars Dev.   | Last 4 digits of account number   |   |                    | Unknown                   |  |  |  |
|                 | Nonpriority Creditor's Name<br>963 Petrified ForestRd<br>Flora, MS 39071   | When was the debt incurred?   |   |                    | -                         |  |  |  |
|                 | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | s: Check all that apply   |                    |                           |  |  |  |
|                 | Debtor 1 only  | Contingent  |   |                    |                           |  |  |  |
|                 | Debtor 2 only  | ■ Unliquidated  |   |                    |                           |  |  |  |
|                 | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                    |                           |  |  |  |
|                 | At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:  |                    |                           |  |  |  |
|                 | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                    |                           |  |  |  |
|                 | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims  | ration agreement or divorce   | that you did not   |                           |  |  |  |
|                 | ■ No   | ☐ Debts to pension or profit-sharin   | a plans, and other similar de                                       | ebts               |                           |  |  |  |
|                 | Yes  | Other. Specify personal g   | •   |                    | -                         |  |  |  |
| 4.2             | **US Bank/Rms CC   | Last 4 digits of account number   | 1777  |                    | \$769.00                  |  |  |  |
| 3               | Nonpriority Creditor's Name  |   |   |                    | •                         |  |  |  |
|                 | Card Member Services Po Box 108  | When was the debt incurred?   | Opened 09/15 Las 7/24/17  | t Active           | _                         |  |  |  |
|                 | St Louis, MO 63166  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | As of the date you file, the claim is: Check all that apply         |                    |                           |  |  |  |
|                 | ☐ Debtor 1 only  | ☐ Contingent  |   |                    |                           |  |  |  |
|                 | Debtor 2 only  | ☐ Unliquidated  |   |                    |                           |  |  |  |
|                 | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |   |                    |                           |  |  |  |
|                 | At least one of the debtors and another  | •   | Type of NONPRIORITY unsecured claim:                                |                    |                           |  |  |  |
|                 | ☐ Check if this claim is for a community   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |                    |                           |  |  |  |
|                 | debt Is the claim subject to offset?   |   |   |                    |                           |  |  |  |
|                 | ■ No   | Debts to pension or profit-sharin   | ☐ Debts to pension or profit-sharing plans, and other similar debts |                    |                           |  |  |  |
|                 | Yes  | Other. Specify Credit Card  | ■ Other. Specify Credit Card-being paid by co-debtor                |                    |                           |  |  |  |
| Part 3:         | List Others to Be Notified About a D   | ebt That You Already Listed   |   |                    |                           |  |  |  |
| is tryi<br>have | nis page only if you have others to be notified<br>ing to collect from you for a debt you owe to a<br>more than one creditor for any of the debts the<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor ir<br>nat you listed in Parts 1 or 2, list the addi                              | Parts 1 or 2, then list the   | collection agenc   | y here. Similarly, if you |  |  |  |
|                 | nd Address   | On which entry in Part 1 or Part 2 did you  | _   |                    |                           |  |  |  |
|                 | rey Law Firm PC<br>wder Springs St   | <del></del> : :   | Part 1: Creditors with Prior  | •                  |                           |  |  |  |
| Ste 24          | . •  | -   | Part 2: Creditors with Nonp   | oriority Unsecured | Claims                    |  |  |  |
| Marie           | tta, GA 30064  | Last 4 digits of account number   |   |                    |                           |  |  |  |
| Name a          | and Address  | On which entry in Part 1 or Part 2 did you  | list the original creditor?   |                    |                           |  |  |  |
| **IRS           |  | Line 2.1 of (Check one):  | Part 1: Creditors with Prior  | ity Unsecured Cla  | ims                       |  |  |  |
| 501 E           | Attorneys Office<br>Court St #4.430  |   | Part 2: Creditors with Nonp   | oriority Unsecured | Claims                    |  |  |  |
| Jacks           | son, MS 39201  | Last 4 digits of account number   |   |                    |                           |  |  |  |
|                 | nd Address   | On which entry in Part 1 or Part 2 did you  | list the original creditor?   |                    |                           |  |  |  |
| **Nav           |  | Line <b>4.17</b> of ( <i>Check one</i> ):   | Part 1: Creditors with Prior  | ity Unsecured Cla  | ims                       |  |  |  |
| 501 E           | Attorneys Office<br>Court St #4.430<br>con, MS 39201   |   | Part 2: Creditors with Nonp   | oriority Unsecured | Claims                    |  |  |  |
|                 | . ,  | Last 4 digits of account number   |   |                    |                           |  |  |  |

| Debtor 1 | Bryan S. Kennedy | Case number (if know) | 17-02921 |
|----------|------------------|-----------------------|----------|
|----------|------------------|-----------------------|----------|

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
| T            | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>48,100.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>48,100.00  |
|              |     |   |     | Total Claim      |
|              | 6f. | Student loans   | 6f. | \$<br>108,077.00 |
| Total claims |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>424,670.89 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>532,747.89 |

| Fill in this information to identify your case: |                  |                   |                |  |                                      |  |  |
|---|------------------|-------------------|----------------|--|--------------------------------------|--|--|
| Debtor 1  | Bryan S. Kennedy | y                 |                |  |                                      |  |  |
|   | First Name       | Middle Name       | Last Name      |  |                                      |  |  |
| Debtor 2  |                  |                   |                |  |                                      |  |  |
| (Spouse if, filing)                             | First Name       | Middle Name       | Last Name      |  |                                      |  |  |
| United States Bankruptcy Court for the:         |                  | SOUTHERN DISTRICT | OF MISSISSIPPI |  |                                      |  |  |
| Case number                                     | 17-02921         |                   |                |  |                                      |  |  |
| (if known)                                      |                  |                   |                |  | ☐ Check if this is an amended filing |  |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                                |
|-----|---|--|
| 2.1 | **Stearns Bank Leasing<br>500 13th St.<br>Albany, MN 56307  | Business to assume lease of equipment at \$485/month                   |
| 2.2 | **Twin Cedars Dev.<br>963 Petrified ForestRd<br>Flora, MS 39071   | Business to assume Long Term Lease of business property at \$3,500/mo. |

| Fill in th  |  |   |   |  |
|---|--|---|---|--|
| Debtor 1  | Di yani di mani  |   |   |  |
| Debtor 2  | First Name   | Middle Name   | Last Name   |  |
| (Spouse if,   |  | Middle Name   | Last Name   |  |
| United S  | States Bankruptcy Court for the:   | SOUTHERN DISTRICT   | OF MISSISSIPPI  |  |
| Case nu<br>(if known)   | mber <u>17-02921</u>   |   |   | ☐ Check if this is an amended filing   |
| Offici  | al Form 106H   |   |   |  |
|   | dule H: Your Code  | ebtors  |   | 12/15  |
| oeople a fill it out your nar 1. D  1. D  N Y  2. W  Ariz  N Y  3. In C in Ii | re filing together, both are equal, and number the entries in the lane and case number (if known).  o you have any codebtors? (If yold lane)  des  //ithin the last 8 years, have you ona, California, Idaho, Louisiana,  lo. Go to line 3.  des. Did your spouse, former spouteled to the 2 again as a codebtor only if | ally responsible for supplements on the left. Attack Answer every question ou are filing a joint case, lived in a community properties, or legal equivalent livers. Do not include your that person is a guarar | plying correct information. It is the Additional Page to this in the Additional Page to this in the Additional Page to the Additional Page | ommunity property states and territories include<br>, and Wisconsin.)<br>ur spouse is filing with you. List the person shown<br>you have listed the creditor on Schedule D (Official |
|   | m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor   | Form 106E/F), or Sched  | ·   | Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt  |
|   | Name, Number, Street, City, State and ZIF  | P Code  |   | Check all schedules that apply:  |
| 3.1   | **Central Mississippi<br>Property Management<br>1660 Simpson Hwy 49<br>Magee, MS 39111   |   | I<br>[  | ☐ Schedule D, line<br>■ Schedule E/F, line <b>4.2</b><br>☐ Schedule G<br>*BankPlus   |
| 3.2   | **Central Mississippi<br>Veterinary Clinic<br>P.O. Box 860<br>Magee, MS 39111  |   | <b>.</b><br>[   | ☐ Schedule D, line<br>■ Schedule E/F, line4.15<br>☐ Schedule G<br>*Loanme Inc  |
| 3.3   | **Madison Veterinary C<br>% Bryan S. Kennedy<br>132 Hummingbird Rd.<br>Magee, MS 39111   |   | <b>.</b>  | ☐ Schedule D, line<br>■ Schedule E/F, line4.22<br>☐ Schedule G<br>*Twin Cedars Dev.  |

| Debtor 1 | Bryan S. Kennedy   | Case number (if known) 17-02921  |
|----------|--|--|
|          |  |  |
|          | Additional Page to List More Codebtors   |  |
|          | Column 1: Your codebtor  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:      |
| 3.4      | **Madison Veterinary C<br>% Bryan S. Kennedy<br>132 Hummingbird Rd.<br>Magee, MS 39111 | ☐ Schedule D, line<br>■ Schedule E/F, line<br>☐ Schedule G<br>**Stearns Bank Leasing |
| 3.5      | **Patsy Kennedy<br>207 Danbar St.<br>Brandon, MS 39042                                 | ☐ Schedule D, line<br>■ Schedule E/F, line4.23<br>☐ Schedule G<br>**US Bank/Rms CC   |
| 3.6      | **Sarah J. Kennedy<br>132 Hummingbird Rd.<br>Magee, MS 39111                           | ■ Schedule D, line2.5<br>□ Schedule E/F, line<br>□ Schedule G<br>Privately Held      |

| Fill   | in this information to identify your ca                                 | ase:                     |                               |            |   |         |
|--------|---|--------------------------|-------------------------------|------------|---|---------|
| Deb    | otor 1 Bryan S. Ke  | nnedy                    |                               | _          |   |         |
| 1      | otor 2<br>use, if filing)   |                          |                               | _          |   |         |
| Uni    | ted States Bankruptcy Court for the                                     | : SOUTHERN DISTRIC       | CT OF MISSISSIPPI             | _          |   |         |
| Cas    | se number 17-02921  |                          |                               | Che        | eck if this is:   |         |
| (If kn | own)  |                          | -                             |            | An amended filing   |         |
|        |   |                          |                               |            | A supplement showing postpetition of 13 income as of the following date:                                      | chapter |
| Of     | fficial Form 106I   |                          |                               |            | MM / DD/ YYYY   |         |
| Sc     | chedule I: Your Inc   | ome                      |                               |            | WIWI, 25, 1111  | 12/15   |
| spoi   | use. If you are separated and you<br>the a separate sheet to this form. | r spouse is not filing w | ith you, do not include infor | mation abo | h you, include information about y<br>ut your spouse. If more space is n<br>number (if known). Answer every o | eeded,  |
| 1.     | Fill in your employment information.                                    |                          | Debtor 1                      |            | Debtor 2 or non-filing spouse   |         |
|        | If you have more than one job,  | Francis and status       | ■ Employed                    |            | ■ Employed  |         |
|        | attach a separate page with information about additional                | Employment status        | ☐ Not employed                |            | ☐ Not employed  |         |
|        | employers.  | Occupation               | Veterinarian                  |            | Nurse   |         |
|        | Include part-time, seasonal, or self-employed work.                     | Employer's name          |                               |            | Mississippi Hospital-Boswe<br>Regional  | II      |
|        | Occupation may include student or homemaker, if it applies.             | Employer's address       |                               |            |   |         |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

13 years

10 months

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 4,522.40 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 4,522.40

Official Form 106I Schedule I: Your Income page 1

| Debt | tor 1           | Bryan S. Kennedy  |            | Case number (if known)    | 17-02921                                      |
|------|-----------------|---|------------|---------------------------|---|
|      | Conv            | y line 4 here   | 4.         | For Debtor 1              | For Debtor 2 or non-filing spouse \$ 4.522,40 |
| _    |                 |   | ••         | <u> </u>                  | Ψ   |
| 5.   | 5a. 5b.         | all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans  | 5a.<br>5b. | \$\$<br>\$0.00            | \$1,045.40<br>\$                              |
|      | 5c.             | Voluntary contributions for retirement plans  | 5c.        | \$ 0.00                   | \$ 0.00                                       |
|      | 5d.             | Required repayments of retirement fund loans  | 5d.        | \$ 0.00                   | \$ 0.00                                       |
|      | 5e.             | Insurance   | 5e.        | \$ 0.00                   | \$ 834.18                                     |
|      | 5f.             | Domestic support obligations  | 5f.        | \$ 0.00                   | \$ 0.00                                       |
|      | 5g.             | Union dues  | 5g.        | \$ 0.00                   | \$  |
|      | 5h.             | Other deductions. Specify:  | _ 5h.+     | \$0.00                    | + \$  |
| 6.   | Add             | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$0.00                    | \$2,286.60_                                   |
| 7.   | Calc            | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$0.00                    | \$  |
| 8.   | List a<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$ 13,916.89              | \$ 0.00                                       |
|      | 8b.             | Interest and dividends  | 8b.        | \$ 0.00                   | \$ 0.00                                       |
|      | 8c.             | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$ 0.00                   | \$0.00_                                       |
|      | 8d.<br>8e.      | Unemployment compensation Social Security   | 8d.<br>8e. | \$ <u>0.00</u><br>\$ 0.00 | \$  |
|      | 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.        | \$ 0.00                   | \$ 0.00                                       |
|      | 8g.             | Pension or retirement income  | 8g.        | \$ 0.00                   | \$  |
|      | 8h.             | Other monthly income. Specify:  | _ 8h.+     | \$ 0.00                   | + \$  |
| 9.   | Add             | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$13,916.89               | \$0.00  |
| 10.  |                 | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$     | 13,916.89 +               | 2,235.80 = \$ 16,152.69                       |
| 11.  | Inclue<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a sify:         | depen      | •                         |   |
| 12.  |                 | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines  |            |                           | a, if it 12. \$ <b>16,152.69</b>              |
| 13.  | Do y            | ou expect an increase or decrease within the year after you file this form?   | ?          |                           | Combined monthly income                       |
|      |                 | No.  Yes. Explain: Potential buyer is working on deal to purchase particle proceeds to be paid to Peoples Bank pending Co   | art of     |                           | eoples Bank with all                          |

| Fill | in this informa                | tion to identify yo                                  | our case:      |  |                         | Ī            |                                    |  |
|------|--------------------------------|--|----------------|--|-------------------------|--------------|------------------------------------|--|
|      | otor 1                         | Bryan S. Ke  |                |  |                         | Che          | eck if this is:  An amended filing |  |
| 1    | otor 2                         |  |                |  |                         |              | A supplement show                  | wing postpetition chapter the following date:          |
| ``   | , G,                           | ruptcy Court for the                                 | : SOUTH        | IERN DISTRICT OF MIS                                     | SISSIPPI                |              | MM / DD / YYYY                     |  |
|      |                                | 7-02921  |                |  |                         |              | , 22 ,                             |  |
|      | nown)                          | -02921   |                |  |                         |              |                                    |  |
| O    | fficial Fo                     | rm 106J  |                |  |                         |              |                                    |  |
|      |                                | J: Your  |                |  |                         |              |                                    | 12/15  |
| info | ormation. If m                 |  | eded, atta     | . If two married people<br>ch another sheet to thi<br>n. |                         |              |                                    |  |
| Par  |                                | ibe Your House                                       | ehold          |  |                         |              |                                    |  |
| 1.   | Is this a joir                 |  |                |  |                         |              |                                    |  |
|      | ■ No. Go to                    |  | in a separ     | ate household?   |                         |              |                                    |  |
|      | _ 100.200                      |  | ш оори.        |  |                         |              |                                    |  |
|      |                                |  | st file Offic  | al Form 106J-2, Expense                                  | es for Separate House   | ehold of Del | otor 2.                            |  |
| 2.   | Do vou have                    | e dependents?  | □ No           |  |                         |              |                                    |  |
|      | Do not list D<br>Debtor 2.     | -  | Yes.           | Fill out this information for each dependent             | Dependent's relat       |              | Dependent's age                    | Does dependent live with you?                          |
|      | Do not state dependents        |  |                |  | daughter                |              | 3                                  | □ No<br>■ Yes  |
|      |                                |  |                |  | daughter                |              | 10                                 | □ No<br>■ Yes  |
|      |                                |  |                |  | Father                  |              | 65                                 | ■ No<br>□ Yes  |
|      |                                |  |                |  |                         |              |                                    | □ No<br>□ Yes  |
| 3.   | expenses o<br>yourself and     | penses include<br>f people other t<br>d your depende | han<br>ents? □ | No<br>Yes  |                         |              |                                    |  |
| exp  | imate your ex<br>enses as of a |  | our bankr      | uptcy filing date unless                                 |                         |              |                                    | apter 13 case to report<br>of the form and fill in the |
| • •  | olicable date.                 |  | _              |  |                         |              |                                    |  |
| the  | •                              | h assistance an                                      |                | government assistance<br>cluded it on Schedule I:        | •                       |              | Your exp                           | enses  |
| 4.   |                                | or home owners                                       |                | ses for your residence<br>or lot.                        | . Include first mortgag | e 4.         | \$                                 | 2,476.94   |
|      |                                | led in line 4:                                       |                |  |                         |              |                                    |  |
|      | 4a. Real e                     | estate taxes   |                |  |                         | 4a.          | \$                                 | 0.00   |
|      |                                | rty, homeowner'                                      | s, or renter   | 's insurance   |                         | 4a.<br>4b.   | ·                                  | 229.00   |
|      | •                              | •  |                | ıpkeep expenses  |                         | 4c.          | ·                                  | 200.00   |
| _    |                                | owner's associa                                      |                |  |                         | 4d.          | ·                                  | 0.00   |
| 5    | Additional r                   | mortaaaa navm  | ante for w     | <b>uir raeidanca</b> , such as h                         | nome equity loans       | 5            | Ψ.                                 | 0.00   |

| Debtor 1                                | Bryan S.        | Kennedy   | Case number (if known)           | 17-02921                        |
|---|-----------------|---|----------------------------------|---------------------------------|
|   |                 |   |                                  |                                 |
| <ol> <li>Utilit</li> <li>6a.</li> </ol> |                 | heat natural das  | 6a. \$                           | 250.00                          |
|   | •               | heat, natural gas   | ·                                | 350.00                          |
| 6b.                                     |                 | ver, garbage collection   | 6b. \$                           | 75.00                           |
| 6c.                                     | •               | , cell phone, Internet, satellite, and cable services             | 6c. \$                           | 125.00                          |
| 6d.                                     | Other. Spe      |   | 6d. \$                           | 0.00                            |
|   |                 | ekeeping supplies   | 7. \$                            | 800.00                          |
|   |                 | hildren's education costs   | 8. \$                            | 871.00                          |
|   | -               | ry, and dry cleaning  | 9. \$                            | 250.00                          |
|   | •               | roducts and services  | 10. \$                           | 80.00                           |
|   |                 | ntal expenses   | 11. \$                           | 200.00                          |
|   | •               | Include gas, maintenance, bus or train fare.                      | 40 0                             | 400.00                          |
|   | ot include ca   |   | 12. \$                           |                                 |
|   |                 | clubs, recreation, newspapers, magazines, and boo                 |                                  | 100.00                          |
| 14. <b>Cha</b> i                        | ritable conti   | ributions and religious donations                                 | 14. \$                           | 200.00                          |
| 15. <b>Insu</b>                         |                 |   |                                  |                                 |
|   |                 | surance deducted from your pay or included in lines 4 o           |                                  |                                 |
|   | Life insura     |   | 15a. \$                          | 38.00                           |
|   | Health insu     |   | 15b. \$                          | 800.00                          |
|   | Vehicle ins     |   | 15c. \$                          | 250.00                          |
| 15d.                                    | Other insu      | rance. Specify:   | 15d. \$                          | 0.00                            |
| 6. <b>Ταχ</b> ε                         | es. Do not in   | clude taxes deducted from your pay or included in lines           | 4 or 20.                         |                                 |
| Spec                                    |                 | ,   | 16. \$                           | 0.00                            |
| 7. Insta                                | allment or le   | ease payments:  |                                  |                                 |
| 17a.                                    | Car payme       | ents for Vehicle 1  | 17a. \$                          | 0.00                            |
| 17b.                                    | Car payme       | ents for Vehicle 2  | 17b. \$                          | 0.00                            |
| 17c.                                    | Other. Spe      | ecify: Spouse's vehicle note                                      | 17c. \$                          | 817.00                          |
|   | Other. Spe      |   | 17d. \$                          | 0.00                            |
|   |                 | of alimony, maintenance, and support that you did i               |                                  |                                 |
|   |                 | our pay on line 5, Schedule I, Your Income (Official              |                                  | 0.00                            |
|   |                 | you make to support others who do not live with yo                |                                  | 0.00                            |
| Spec                                    | cify:           |   | 19.                              |                                 |
| 20. <b>Oth</b> ε                        | er real prope   | erty expenses not included in lines 4 or 5 of this form           | n or on Schedule I: Your Income. |                                 |
|   |                 | on other property   | 20a. \$                          | 0.00                            |
| 20b.                                    | Real estate     | e taxes   | 20b. \$                          | 0.00                            |
| 20c.                                    | Property, h     | nomeowner's, or renter's insurance                                | 20c. \$                          | 0.00                            |
|   |                 | ce, repair, and upkeep expenses                                   | 20d. \$                          | 0.00                            |
|   |                 | er's association or condominium dues                              | 20e. \$                          | 0.00                            |
|   |                 | or o accordance or corractinillatti daes                          | 21. +\$                          |                                 |
| 21. <b>Othe</b>                         | er: Specify:    |   |                                  | 0.00                            |
| 22. Calc                                | ulate your r    | nonthly expenses  |                                  |                                 |
|   | Add lines 4     |   | \$                               | 8,261.94                        |
|   |                 | 2 (monthly expenses for Debtor 2), if any, from Official F        |                                  | -,                              |
|   |                 |   |                                  | 9 264 04                        |
| 22C.                                    | Add lifte 228   | a and 22b. The result is your monthly expenses.                   | \$                               | 8,261.94                        |
| 23. <b>Calc</b>                         | ulate your r    | nonthly net income.   |                                  |                                 |
|   |                 | 12 (your combined monthly income) from Schedule I.                | 23a. \$                          | 16,152.69                       |
|   |                 | monthly expenses from line 22c above.                             | 23b\$                            | 8,261.94                        |
|   | 7 7             | , . ,   |                                  |                                 |
| 23c.                                    | Subtract vo     | our monthly expenses from your monthly income.                    |                                  | _                               |
|   |                 | is your monthly net income.                                       | 23c. \$                          | 7,890.75                        |
|   |                 | - ,   |                                  |                                 |
| 24. <b>Do y</b>                         | ou expect a     | in increase or decrease in your expenses within the               | year after you file this form?   |                                 |
| For e                                   | xample, do yo   | u expect to finish paying for your car loan within the year or do |                                  | crease or decrease because of a |
| modif                                   | fication to the | terms of your mortgage?   |                                  |                                 |
| ■ N                                     | lo.             |   |                                  |                                 |
| ☐ Y                                     | ·00             | Explain here:   |                                  |                                 |

| Fill in this infor   | mation to identify your                               | case:                    |                          |                         |                                      |
|--|---|--------------------------|--------------------------|-------------------------|--------------------------------------|
| Debtor 1   | Bryan S. Kenned                                       | у                        |                          |                         |                                      |
|  | First Name  | Middle Name              | Last Name                |                         |                                      |
| Debtor 2<br>(Spouse if, filing)  | First Name  | Middle Name              | Last Name                |                         |                                      |
| United States Ba   | ankruptcy Court for the:                              | SOUTHERN DISTRICT        | OF MISSISSIPPI           |                         |                                      |
| Case number  | 17-02921  |                          |                          |                         |                                      |
| (if known)   |   |                          |                          |                         | ☐ Check if this is an amended filing |
|  |   | ا مران خان خان ما        | Dalataria Ca             |                         |                                      |
| Declarat   | tion About a  | in individual            | Deptor's So              | cneaules                | 12/15                                |
| obtaining money<br>years, or both. 1   | y or property by fraud ii<br>8 U.S.C. §§ 152, 1341, 1 | n connection with a bank |                          |                         |                                      |
| Did you pa   | y or agree to pay some                                | one who is NOT an attor  | ney to help you fill out | bankruptcy forms?       |                                      |
| ■ No   |   |                          |                          |                         |                                      |
| Debtor 1  Bryan S. Kennedy First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  Case number (If known)  Deficial Form 106Dec  Declaration About an Individual Debtor's Schedules  It two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by firaud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |                          |                          |                         |                                      |
|  |   | that I have read the sum | mary and schedules file  | ed with this declaratio | n and                                |
| X /s/ Bry  | an S. Kennedy   |                          | X                        |                         |                                      |
| ,  | •   |                          | Signature o              | f Debtor 2              |                                      |

Date \_\_\_\_

Date September 6, 2017

| Fill in thi               | is information to                       | o identify your                 | case:  |                                  |   |                                    |
|---------------------------|---|---------------------------------|--|----------------------------------|---|------------------------------------|
| Debtor 1                  | Brva                                    | n S. Kenned                     | v  |                                  |   |                                    |
|                           | First N                                 |                                 | Middle Name  | Last Name                        |   |                                    |
| Debtor 2<br>(Spouse if, f |   | ame                             | Middle Name  | Last Name                        |   |                                    |
|                           | tates Bankruptcy                        | Court for the                   | SOUTHERN DISTRICT  |                                  |   |                                    |
| Officed S                 | iales balikiupicy                       | Court for the.                  | 300TTERN DISTRICT  | 01 10000001111                   |   |                                    |
| Case nur                  | mber 17-0292                            | 21                              |  |                                  | _   |                                    |
| (if known)                |   |                                 |  |                                  |   | Check if this is an amended filing |
| O(i; ;                    |   | o <del></del>                   |  |                                  |   |                                    |
|                           | al Form 1                               | -                               |  |                                  |   |                                    |
| State                     | ment of Fi                              | nancial <i>i</i>                | Affairs for Indivi   | iduals Filing fo                 | r Bankruptcy  | 4/16                               |
| informati                 | on. If more spa<br>if known). Ansv<br>_ | ce is needed,<br>ver every ques | attach a separate sheet to   | o this form. On the top o        | h are equally responsible for s<br>of any additional pages, write |                                    |
| 1. Wha                    | t is your curren                        | t marital statu                 | s?   |                                  |   |                                    |
|                           | Married<br>Not married                  |                                 |  |                                  |   |                                    |
| 2. Duri                   | ng the last 3 ye                        | ars, have you                   | lived anywhere other thar  | n where you live now?            |   |                                    |
| _                         |   |                                 | •  | •                                |   |                                    |
|                           | No<br>Yes. List all of the              | ne places you li                | ved in the last 3 years. Do  | not include where you live       | e now.  |                                    |
| Deb                       | otor 1 Prior Add                        | ress:                           | Dates Debtor 1   | 1 Debtor 2 Price                 | or Address:   | Dates Debtor 2<br>lived there      |
|                           |   |                                 |  |                                  | nmunity property state or terrior rto Rico, Texas, Washington and |                                    |
|                           | No                                      |                                 |  |                                  |   |                                    |
|                           | Yes. Make sure                          | you fill out Sch                | edule H: Your Codebtors (0   | Official Form 106H).             |   |                                    |
| Dort 2                    | Evaloin the S                           | ouroos of Vou                   | Incomo   |                                  |   |                                    |
| Part 2                    | Explain the So                          | ources of You                   | income   |                                  |   |                                    |
| Fill ir                   | n the total amour                       | it of income you                | <b>uployment or from operat</b> ion in the propertion of the properties and the properties are the properties of the propertie | I all businesses, including      |   | alendar years?                     |
|                           | No                                      |                                 |  |                                  |   |                                    |
| _                         | Yes. Fill in the d                      | etails.                         |  |                                  |   |                                    |
|                           |   |                                 | Dalitant   |                                  | Dalatana  |                                    |
|                           |   |                                 | Debtor 1 Sources of income   | Gross income                     | Debtor 2 Sources of income  | Gross income                       |
|                           |   |                                 | Check all that apply.  | (before deductions a exclusions) |   | (before deductions and exclusions) |
|                           | nuary 1 of curre<br>you filed for ba    |                                 | ☐ Wages, commissions, bonuses, tips  | \$0                              | .00   | ;,                                 |
|                           |   |                                 | Operating a business   |                                  | ☐ Operating a business  | ;                                  |

Official Form 107

| Bryan S. Kennedy  |   | Case  | e number (if known) 1/                    | 7-02921   |
|---|---|---|---|---|
|   |   |   |   |   |
|   | Debtor 1  |   | Debtor 2                                  |   |
|   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply |   |
| For last calendar year:<br>(January 1 to December 31, 2016)   | ☐ Wages, commissions, bonuses, tips   | Unknown   | ☐ Wages, commiss bonuses, tips            | sions,  |
|   | Operating a business  |   | ☐ Operating a busi                        | iness   |
| For the calendar year before that: (January 1 to December 31, 2015 )  | ☐ Wages, commissions, bonuses, tips   | \$36,879.00   | ☐ Wages, commiss bonuses, tips            | sions,  |
|   | Operating a business  |   | ☐ Operating a busi                        | iness   |
| and other public benefit payments; winnings. If you are filing a joint ca  List each source and the gross inc  No Yes. Fill in the details. | se and you have income that y   | you received together, list it o  | nly once under Debto                      | r 1.  |
|   | Debtor 1  |   | Debtor 2                                  |   |
|   | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income Describe below.         | Gross income<br>(before deductions<br>and exclusions)         |
| For the calendar year before that:<br>(January 1 to December 31, 2015)  | 80 acre lease option payment  | \$78,897.00   |   |   |
| Part 3: List Certain Payments You   | ı Made Before You Filed for   | Bankruptcy  |   |   |
|   |   | umer debts. Consumer debts  | s are defined in 11 U.S                   | S.C. § 101(8) as "incurred by an                              |
| During the 90 days bef  | ore you filed for bankruptcy, di  | id vou pav anv creditor a total   | of \$6.425* or more?                      |   |
| □ No. Go to line  |   | , , ,   | , ,                                       |   |
| ☐ Yes List below paid that continct include   | each creditor to whom you pai<br>reditor. Do not include paymer<br>payments to an attorney for t<br>on 4/01/19 and every 3 year | nts for domestic support oblig<br>his bankruptcy case.                    | ations, such as child s                   | support and alimony. Also, do                                 |
| Yes. Debtor 1 or Debtor 2   | or both have primarily consu  | umer debts.   |   | ,   |
| ■ No. Go to line  | 7.  |   |   |   |
| ☐ Yes List below include pay  | each creditor to whom you pai   |   |   | paid that creditor. Do not<br>, do not include payments to an |
| Creditor's Name and Address   | Dates of payme  | ent Total amount  | Amount you W                              | as this payment for   |

| De  | btor 1               | Bryan S. Kennedy   |                  |   | Ca  | ase number (                   | if known)            | 17-02921                     |  |
|-----|----------------------|--|------------------|---|---|--------------------------------|----------------------|------------------------------|--|
| 7.  | <i>Inside</i> of whi | n 1 year before you filed for bankrupters include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 | artners<br>contr | s; relatives of any ge<br>ol, or owner of 20% | eneral partners; partr<br>or more of their voti | nerships of w<br>ng securities | hich you<br>; and an | u are a generally managing a | al partner; corporations<br>agent, including one for |
|     |                      | No<br>Yes. List all payments to an insider.  |                  |   |   |                                |                      |                              |  |
|     | Insid                | ler's Name and Address   | Dat              | es of payment                                 | Total amount paid                               | Amount<br>still                | you<br>owe           | Reason for                   | this payment   |
| 8.  | inside               | n 1 year before you filed for bankrupt<br>er?<br>le payments on debts guaranteed or cos  | •                |   | yments or transfer                              | any proper                     | ty on ac             | count of a d                 | ebt that benefited an                                |
|     | _                    | No<br>/es. List all payments to an insider   |                  |   |   |                                |                      |                              |  |
|     | Insid                | ler's Name and Address   | Dat              | es of payment                                 | Total amount paid                               | Amount<br>still                | you<br>owe           |                              | this payment<br>ditor's name                         |
| Pa  | rt 4:                | Identify Legal Actions, Repossession   | ne an            | d Foreclosures                                |   |                                |                      |                              |  |
| 9.  | List al modifi       | n 1 year before you filed for bankrupt I such matters, including personal injury ications, and contract disputes.  No Yes. Fill in the details.                      | cases            | s, small claims actio                         | ns, divorces, collecti                          | ion suits, pat                 | ernity ad            | ctions, suppor               | rt or custody  |
|     | Case                 | e title<br>e number  | Nat              | ure of the case                               | Court or agenc                                  | у                              |                      | Status of th                 | ne case  |
| 10. | Check                | n 1 year before you filed for bankrupt all that apply and fill in the details below No. Go to line 11.   |                  | as any of your pro                            | perty repossessed,                              | foreclosed,                    | garnis               | hed, attache                 | d, seized, or levied?                                |
|     | Cred                 | itor Name and Address  | Des              | scribe the Property                           | 1   |                                | Date                 |                              | Value of the property                                |
|     |                      |  | Exp              | olain what happen                             | ed  |                                |                      |                              | property   |
| 11. | accol                | n 90 days before you filed for bankrupunts or refuse to make a payment bed<br>No<br>Yes. Fill in the details.  |                  |   |   | inancial ins                   | titution             | , set off any a              | amounts from your                                    |
|     | Cred                 | itor Name and Address  | Des              | scribe the action th                          | ne creditor took                                |                                | Date a               | action was                   | Amount   |
| 12. | court                | n 1 year before you filed for bankrupt<br>-appointed receiver, a custodian, or a   |                  |   | perty in the posses                             | sion of an a                   |                      | e for the ben                | efit of creditors, a                                 |
|     |                      | √o<br>∕es  |                  |   |   |                                |                      |                              |  |
| Pa  |                      | List Certain Gifts and Contributions   |                  |   |   |                                |                      |                              |  |
| 13. | _                    | n 2 years before you filed for bankrup   | otcy, d          | lid you give any gi                           | fts with a total valu                           | e of more th                   | an \$600             | ) per person                 | ?  |
|     | _ '                  | vo  ✓es. Fill in the details for each gift.  |                  |   |   |                                |                      |                              |  |
|     |                      | with a total value of more than \$600 person   |                  | Describe the gift                             | s   |                                | Dates<br>the gi      | you gave<br>fts              | Value  |
|     | Pers<br>Addr         | on to Whom You Gave the Gift and   |                  |   |   |                                |                      |                              |  |

| De  | bioi i bryan 5. Kennedy   |          |  | (II KNOWN) 17-02921                     |                           |
|-----|---|----------|--|---|---------------------------|
|     |   |          |  |   |                           |
| 14. | Within 2 years before you filed for bank ☐ No   | ruptcy,  | did you give any gifts or contributions with a total   | al value of more than                   | \$600 to any charity?     |
|     | Yes. Fill in the details for each gift or   | contribu | tion.  |   |                           |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co     |          | Describe what you contributed  | Dates you contributed                   | Value                     |
|     | Overflow Church<br>Magee, MS 39111  |          | approximately \$200/month  | various                                 | \$0.00                    |
| Pa  | rt 6: List Certain Losses   |          |  |   |                           |
| 15. | Within 1 year before you filed for bankr or gambling?   | uptcy o  | r since you filed for bankruptcy, did you lose any   | thing because of the                    | ft, fire, other disaster, |
|     | ■ No □ Yes. Fill in the details.  |          |  |   |                           |
|     | Describe the property you lost and  | Desci    | ribe any insurance coverage for the loss   | Date of your                            | Value of property         |
|     | how the loss occurred   |          | te the amount that insurance has paid. List pending since claims on line 33 of Schedule A/B: Property.   | loss                                    | lost                      |
| Pa  | rt 7: List Certain Payments or Transfe  | rs       |  |   |                           |
|     | consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  No  Yes. Fill in the details.             |          | ing a bankruptcy petition? rs, or credit counseling agencies for services require                        | d in your bankruptcy.                   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                           | You      | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Robert E. Moorehead, Attorneys a<br>Law, P<br>220 W. Jackson Street<br>Ridgeland, MS 39157<br>L.Elizabeth.Johnson@gmail.com | t        | Attorney Fees  | August 2017                             | \$969.00                  |
|     | Access Counseling, Inc.   |          |  | August 2017                             | \$14.95                   |
|     | www.accessbk.org  |          |  |   |                           |
| 17. |   | editors  | lid you or anyone else acting on your behalf pay or to make payments to your creditors? sted on line 16. | or transfer any prope                   | erty to anyone who        |
|     | Yes. Fill in the details.   |          |  |   |                           |
|     | Person Who Was Paid<br>Address  |          | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment         |
|     |   |          |  |   |                           |

Case number (if known) 17-02921

| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your k Include both outright transfers and transfers minclude gifts and transfers that you have alread No | ousiness or financial a<br>lade as security (such a | ffairs?<br>s the granting of a sec                      |   |   |
|-----|---|---|---|---|---|
|     | Yes. Fill in the details.   |   |   |   |   |
|     | Person Who Received Transfer Address  | Description and property transfe                    |   | Describe any property or payments received or debts paid in exchange  | Date transfer was made                        |
|     | Person's relationship to you  George Warren   | Sold 2000 K-2<br>Truck                              | 500 Chevrolet   | \$9,000.00; proceeds used to pay down debts.  | approximately<br>March 2017                   |
|     | John Jackson  | 2014 Honda M  | lotorcycle  | \$3,500.00; proceeds used to pay house note and other debts   | approximately<br>October 2016                 |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.   | otection devices.)                                  |   |   | ,   |
|     | Name of trust   | Description and                                     | I value of the proper                                   | ty transferred  | Date Transfer was made                        |
| Day | rt 8: List of Certain Financial Accounts, In  | atrumenta Safa Dana                                 | oit Bayes and Stars                                     | ao Unito  |   |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No  Yes. Fill in the details.  | or other financial acco                             | unts; certificates of<br>ancial institutions.           | deposit; shares in banks, cred  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                     | Type of account instrument                              | or Date account was closed, sold, moved, or transferred   | Last balance<br>before closing or<br>transfer |
|     | Peoples Bank  | XXXX-   | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | approx. 1/2017<br>closed Central<br>Mississippi<br>Veterinary Clinic<br>account                                     | \$3,000.00                                    |
|     | BankPlus  | XXXX-   | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | Approx. Feb<br>and/or March<br>2017 closed<br>Central and<br>Madison<br>Veterinary Clinic<br>accounts               | \$0.00  |
|     | BankPlus  | XXXX-   | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | Approx. Aug. or<br>Sept. 2016<br>closed CD<br>account and paid<br>off debt balance<br>of approximately<br>\$36,250. | \$36,000.00                                   |

Debtor 1 Bryan S. Kennedy

Case number (if known) 17-02921

| 21  | Do you now have, or did you have within 1 year   | · hefore you filed for hankruntcy an   | v safe denosit hox or other denosito  | ry for securities     |
|-----|--|--|---------------------------------------|-----------------------|
| ۷۱. | cash, or other valuables?  | before you med for ballkruptcy, all  | y sale deposit box of other deposito  | ry for securities,    |
|     | No   |  |                                       |                       |
|     | Yes. Fill in the details.  |  |                                       |                       |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)        | Describe the contents                 | Do you still have it? |
| 22. | Have you stored property in a storage unit or pl   | lace other than your home within 1   | year before you filed for bankruptcy? | •                     |
|     | No   |  |                                       |                       |
|     | Yes. Fill in the details.  |  |                                       |                       |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                 | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for   | Someone Else   |                                       |                       |
| 23. | Do you hold or control any property that someofor someone.   | one else owns? Include any propert   | y you borrowed from, are storing for  | , or hold in trust    |
|     | ■ No<br>□ Yes. Fill in the details.  |  |                                       |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                 | Valu                  |
| Par | 10: Give Details About Environmental Information   | ation  |                                       |                       |
| For | he purpose of Part 10, the following definitions   | apply:   |                                       |                       |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, ground  | <del>-</del> •                        |                       |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | •  | aw, whether you now own, operate, o   | or utilize it or use  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |  | waste, hazardous substance, toxic s   | ubstance,             |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of when  | they occurred.                        |                       |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable  | under or in violation of an environme | ental law?            |
|     | ■ No □ Yes. Fill in the details.   |  |                                       |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it     | Date of notice        |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?   |                                       |                       |
|     | ■ No   |  |                                       |                       |
|     | Yes. Fill in the details.  |  |                                       |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it     | Date of notice        |
|     |  |  |                                       |                       |

Debtor 1 Bryan S. Kennedy

Debtor 1 Bryan S. Kennedy

Case number (if known) 17-02921

| 6.  | Hav        | e you been a party in any judicial or adn                 | minist   | rative proceeding under any envi   | ronm   | ental law?      | Include settlements a       | nd orders.  |
|-----|------------|---|----------|--|--------|-----------------|-----------------------------|---|
|     |            | No<br>Yes. Fill in the details.                           |          |  |        |                 |                             |   |
|     |            | se Title<br>se Number                                     |          | Court or agency<br>Name<br>Address (Number, Street, City,<br>State and ZIP Code) | Natu   | ure of the c    | ase                         | Status of the case  |
| Par | t 11:      | Give Details About Your Business or                       | Conn     | ections to Any Business  |        |                 |                             |   |
| 7.  | With       | nin 4 years before you filed for bankrupt                 | tcy, di  | id you own a business or have an   | y of t | he followir     | ng connections to any       | business?   |
|     |            | ☐ A sole proprietor or self-employed in                   | in a tra | ade, profession, or other activity,  | eithe  | r full-time     | or part-time                |   |
|     |            | ☐ A member of a limited liability comp                    | oany (   | LLC) or limited liability partnershi   | ip (LL | -P)             |                             |   |
|     |            | ☐ A partner in a partnership                              |          |  |        |                 |                             | Status of the case  any business?  The rity number or ITIN.  sent  sent  sent |
|     |            | ☐ An officer, director, or managing ex                    | ecutiv   | ve of a corporation  |        |                 |                             |   |
|     |            | ☐ An owner of at least 5% of the voting                   | g or e   | equity securities of a corporation   |        |                 |                             |   |
|     |            | No. None of the above applies. Go to F                    | Part 1   | 2.   |        |                 |                             |   |
|     |            | Yes. Check all that apply above and fill                  | l in the | e details below for each business  | i.     |                 |                             |   |
|     |            | siness Name   | Des      | cribe the nature of the business   |        |                 | Identification number       | mhor or ITIN  |
|     |            | dress nber, Street, City, State and ZIP Code)             | Nam      | ne of accountant or bookkeeper   |        |                 | •                           | umber of ITIN.  |
|     | Ce         | ntral Mississippi Veterinary                              | Vet      | erinary Services   |        | Dates bus       | iness existed<br>68-0563440 |   |
|     | Cli        | nic PC  |          | -  |        | From-To         |                             |   |
|     |            | D. Box 860<br>gee, MS 39111                               |          | arles R. Prince, CPA is<br>countant; Debtor is bookkeepe                         | er     | FIOIII-10       | 8/4/2003 to present         |   |
|     | Ма         | ntral Mississippi Property<br>inagement                   |          | sors of Nonresidential<br>Idings   |        | EIN:<br>From-To | 24-4472677                  |   |
|     |            | 60 Simpson Hwy 49<br>Igee, MS 39111                       | CP       | arles R. Prince/Cathy Slocum<br>A is Accountant; Debtor is<br>okkeeper           |        | FIGHI-10        | 2/23/2009 to preser         | nt  |
|     |            | gee Veterninary Clinic PC<br>60 Simpson Hwy 49            | Vet      | erinary Services   |        | EIN:            | 81-1416442                  |   |
|     |            | gee, MS 39111   | CPA      | arles R. Prince/Cathy Slocum<br>A is Accountant; Debtor is<br>okkeeper           |        | From-To         | 1/31/2016 - present         |   |
|     |            | dison Veterinary Clinic PC<br>Bryan Scott Kennedy         | Vet      | erinary Services   |        | EIN:            | 47-4010059                  |   |
|     | 132        | 2 Hummingbird Rd.<br>gee, MS 39111                        | CPA      | arles R. Prince/Cathy Slocum<br>A is Accountant; Debtor is<br>okkeeper           |        | From-To         | 5/4/2015 to present         |   |
|     |            | terinary Prophets, LLC<br>D. Box 860                      | Mar      | keting Consulting Services   |        | EIN:            | 45-2853001                  |   |
|     |            | gee, MS 39111   |          | arles R. Prince/Cathy Slocum,<br>A; Debtor is bookkeeper                         |        | From-To         | 1/13/2011 to preser         | nt  |
|     |            | nnedy Springs Property<br>nagement LLC                    | Res      | sidential Property Managers  |        | EIN:            | 82-1794717                  |   |
|     | % l<br>132 | Bryan Scott Kennedy<br>2 Hummingbird Rd.<br>gee, MS 39111 | CPA      | arles R. Prince/Cathy Slocum<br>A is Accountant; Debtor is<br>okkeeper           |        | From-To         | formed 6/6/2017             |   |

| De                  | btor 1 Bryan S. Kennedy   | (   | Case number (if known) 17-02921  |
|---------------------|---|---|--|
|                     |   |   |  |
|                     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed                  |
|                     | d/b/a Dry Creek Cattle  | accounting mechanism to keep up with land expenses                    | EIN:<br>From-To  |
| 28.                 | institutions, creditors, or other parties.  | uptcy, did you give a financial statement to                          | anyone about your business? Include all financial  |
|                     | ■ No □ Yes. Fill in the details below.  |   |  |
|                     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Date Issued   |  |
| Pa                  | rt 12: Sign Below   |   |  |
| are<br>with<br>18 U | true and correct. I understand that making ha bankruptcy case can result in fines up U.S.C. §§ 152, 1341, 1519, and 3571. |   | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection years, or both. |
|                     | Bryan S. Kennedy<br>yan S. Kennedy  | Signature of Debtor 2   |  |
|                     | gnature of Debtor 1   | · ·   |  |
| Da                  | te September 6, 2017  | Date  |  |
| Did                 | No  | ment of Financial Affairs for Individuals Fil                         | ling for Bankruptcy (Official Form 107)?   |
| Did<br>■ N          |   | not an attorney to help you fill out bankrup                          | tcy forms?   |
|                     | · ·   | kruptcy Petition Preparer's Notice, Declaration                       | n, and Signature (Official Form 119).  |

| Fill in this inform             | mation to identify your case | e:                               |
|---------------------------------|------------------------------|----------------------------------|
| Debtor 1                        | Bryan S. Kennedy             | _                                |
| Debtor 2<br>(Spouse, if filing) |                              |                                  |
| United States E                 | Bankruptcy Court for the:    | Southern District of Mississippi |
| Case number (if known)          | 17-02921                     |                                  |

| Check | as directed in lines 17 and 21:                                      |
|-------|--|
| 1     | ording to the calculations required by this tement:                  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| •     | Disposable income is determined under 11 U.S.C. § 1325(b)(3).        |
|       | 3. The commitment period is 3 years.                                 |
|       | 4. The commitment period is 5 years.                                 |

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |                           |                              | Colui<br>Debt |           | <br>mn B<br>or 2 or<br>filing spouse |
|--|---------------------------|------------------------------|---------------|-----------|--------------------------------------|
| <ol><li>Your gross wages, salary, tips, bonuses, over<br/>payroll deductions).</li></ol>   | time,                     | and commissions (before all  | \$            | 0.00      | \$<br>4,527.90                       |
| <ol> <li>Alimony and maintenance payments. Do not in<br/>Column B is filled in.</li> </ol>   | nclude                    | payments from a spouse if    | \$            | 0.00      | \$<br>0.00                           |
| of you or your dependents, including child su<br>from an unmarried partner, members of your hou<br>and roommates. Include regular contributions froi<br>filled in. Do not include payments you listed on lin<br>Net income from operating a business,<br>profession, or farm | seholo<br>m a sp<br>ne 3. | d, your dependents, parents, | \$            | 0.00      | \$<br>0.00                           |
| Gross receipts (before all deductions)   | \$                        | 28,368.38                    |               |           |                                      |
| Ordinary and necessary operating expenses  | -\$                       | 14,451.49                    |               |           |                                      |
| Net monthly income from a business, profession, or farm  | \$_                       | 13,916.90 Copy<br>here ->    | \$            | 13,916.90 | \$<br>0.00                           |
| 6. Net income from rental and other real property  | y                         | Debtor 1                     |               |           |                                      |
| Gross receipts (before all deductions)   |                           | \$0.00_                      |               |           |                                      |
| Ordinary and necessary operating expenses  |                           | -\$0.00                      |               |           |                                      |
| Net monthly income from rental or other real prop  | ertv                      | c 0.00 Copy here ->          | \$            | 0.00      | \$<br>0.00                           |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Debtor 1        | Bryan S. Kennedy   |         | Case number       | er ( <i>if known</i> ) | 17-0292                      | 1      |   |
|-----------------|--|---------|-------------------|------------------------|------------------------------|--------|---|
|                 |  |         | Column A Debtor 1 |                        | Column E Debtor 2 non-filing | or     |   |
| 7. <b>In</b> t  | terest, dividends, and royalties   |         | \$                | 0.00                   | . \$                         | 0.00   |   |
| 8. <b>U</b> r   | nemployment compensation   |         | \$                | 0.00                   | \$                           | 0.00   |   |
|                 | o not enter the amount if you contend that the amount received was a benefi<br>e Social Security Act. Instead, list it here:   | t unde  | r                 |                        |                              |        |   |
|                 | For you\$\$  | 0       |                   |                        |                              |        |   |
|                 | For your spouse \$ 0.0   | 0       |                   |                        |                              |        |   |
|                 | ension or retirement income. Do not include any amount received that was enefit under the Social Security Act.   | а       | \$                | 0.00                   | \$                           | 238.82 |   |
| Do<br>red<br>do | come from all other sources not listed above. Specify the source and ame on the include any benefits received under the Social Security Act or payment ceived as a victim of a war crime, a crime against humanity, or international emestic terrorism. If necessary, list other sources on a separate page and putal below. | s<br>or | \$                | 0.00                   | \$                           | 0.00   |   |
|                 |  |         | \$                | 0.00                   | \$                           | 0.00   |   |
|                 | Total amounts from separate pages, if any.   | +       | . \$              | 0.00                   | \$                           | 0.00   |   |
|                 | alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B.  Determine How to Measure Your Deductions from Income  | \$      | 13,916.90         | + \$ _                 | 4,766.72                     | Tot    | 18,683.62<br>tal average<br>onthly income |
| 12. <b>C</b> c  | opy your total average monthly income from line 11.  |         |                   |                        |                              | \$     | 18,683.62                                 |
|                 | You are not married. Fill in 0 below.  |         |                   |                        |                              |        |   |
|                 | You are married and your spouse is filing with you. Fill in 0 below.   |         |                   |                        |                              |        |   |
| •               | You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT dependents, such as payment of the spouse's tax liability or the spouse's  |         |                   |                        |                              |        |   |
|                 | Below, specify the basis for excluding this income and the amount of incoadjustments on a separate page.   |         |                   |                        |                              |        |   |
|                 | If this adjustment does not apply, enter 0 below.  |         |                   |                        |                              |        |   |
|                 | spouse's payroll taxes and deductions  | \$      | 2,307.9           | 0                      |                              |        |   |
|                 | spouse's car note  | \$_     | 817.0             | 00                     |                              |        |   |
|                 |  | \$      |                   |                        |                              |        |   |
|                 | Total  | \$_     | 3,124.9           | 00 c                   | opy here=>                   |        | 3,124.90                                  |
| 14. <b>Y</b>    | Your current monthly income. Subtract line 13 from line 12.  |         |                   |                        |                              | \$     | 15,558.72                                 |
| 15. <b>C</b>    | Calculate your current monthly income for the year. Follow these steps:  |         |                   |                        |                              |        |   |
| 1               | 5a. Copy line 14 here=>  |         |                   |                        |                              | \$     | 15,558.72                                 |
|                 | Multiply line 15a by 12 (the number of months in a year).  |         |                   |                        |                              | X      | 12  |
| 1               | 5b. The result is your current monthly income for the year for this part of the  | e form  | l                 |                        |                              | \$1    | 86,704.64                                 |

Debtor 1

| Debt | or 1         | Bryan S. Kennedy  |                            | Case number (if known)                 | 17-02921                             |
|------|--------------|---|----------------------------|--|--------------------------------------|
| 16   | . Cal        | culate the median family income that applies to y   | ou. Follow these steps     | s:                                     |                                      |
|      | 16a          | Fill in the state in which you live.  | MS                         |  |                                      |
|      | 16h          | Fill in the number of people in your household.   | 4                          |  |                                      |
|      |              | Fill in the median family income for your state and s   | <u> </u>                   |  | ¢ 61,182.00                          |
|      | 100.         | To find a list of applicable median income amounts  | , go online using the li   |  | φ                                    |
| 17   | Цол          | instructions for this form. This list may also be avail to do the lines compare?  | lable at the bankruptcy    | clerk's office.                        |                                      |
| 17   | . 17a        |   | on the top of page 1 of    | this form, check box 1. <i>Dispo</i> s | sable income is not determined under |
|      |              | 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N   |                            |  |                                      |
|      | 17b          | ■ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 al              | lation of Your Dispos      |  |                                      |
| Par  | t 3:         | Calculate Your Commitment Period Under 11   | U.S.C. § 1325(b)(4)        |  |                                      |
| 18.  | Cop          | y your total average monthly income from line 1   | 1                          |  | \$ 18,683.62                         |
|      | <b>Ded</b>   | uct the marital adjustment if it applies. If you are end that calculating the commitment period under 1 use's income, copy the amount from line 13. | married, your spouse       | is not filing with you, and you        |                                      |
|      | 19a          | If the marital adjustment does not apply, fill in 0 on  | line 19a.                  |  | -\$3,124.90                          |
|      | 19b          | Subtract line 19a from line 18.   |                            |  | \$15,558.72_                         |
| 20.  | Calc         | culate your current monthly income for the year.  | Follow these steps:        |  |                                      |
| _0.  |              | Copy line 19b   |                            |  | <sub>\$</sub> 15,558.72              |
|      |              | Multiply by 12 (the number of months in a year).  |                            |  | x 12                                 |
|      |              |   |                            |  | X 12                                 |
|      | 20b          | The result is your current monthly income for the year  | ear for this part of the f | orm                                    | \$ 186,704.64                        |
|      |              |   |                            |  |                                      |
|      |              |   |                            |  |                                      |
|      | 20c.         | Copy the median family income for your state and  | size of household from     | line 16c                               | \$ <u>61,182.00</u>                  |
|      | 21           | How do the lines compare?   |                            |  |                                      |
|      | ۷۱.          | _   |                            |  |                                      |
|      |              | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.  | se ordered by the cour     | t, on the top of page 1 of this t      | orm, check box 3, The commitment     |
|      |              | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.  | less otherwise ordered     | I by the court, on the top of pa       | ge 1 of this form, check box 4, The  |
| Par  | t 4:         | Sign Below  |                            |  |                                      |
|      | By s         | igning here, under penalty of perjury I declare that the  | he information on this     | statement and in any attachm           | ents is true and correct.            |
| )    | <b>(</b> /s/ | Bryan S. Kennedy  |                            |  |                                      |
|      | Br           | yan S. Kennedy  |                            |  |                                      |
|      |              | nature of Debtor 1  September 6, 2017   |                            |  |                                      |
|      |              | MM / DD / YYYY  |                            |  |                                      |
|      | -            | u checked 17a, do NOT fill out or file Form 122C-2.   |                            |  |                                      |
|      | If yo        | u checked 17b, fill out Form 122C-2 and file it with t  | his form. On line 39 of    | that form, copy your current n         | nonthly income from line 14 above.   |

Debtor 1 Bryan S. Kennedy Case number (if known) 17-02921

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 02/01/2017 to 07/31/2017.

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: Central MS Veterinary Clinic

Income/Expense/Net by Month:

|               | Date               | Income      | Expense                     | Net         |
|---------------|--------------------|-------------|-----------------------------|-------------|
| 6 Months Ago: | 02/2017            | \$21,664.23 | \$10,908.76                 | \$10,755.47 |
| 5 Months Ago: | 03/2017            | \$21,615.78 | \$11,235.47                 | \$10,380.31 |
| 4 Months Ago: | 04/2017            | \$19,470.09 | \$12,927.00                 | \$6,543.09  |
| 3 Months Ago: | 05/2017            | \$20,905.88 | \$9,147.52                  | \$11,758.36 |
| 2 Months Ago: | 06/2017            | \$17,572.01 | \$3,527.11                  | \$14,044.90 |
| Last Month:   | 07/2017            | \$16,089.67 | \$4,092.66                  | \$11,997.01 |
| <del></del>   | Average per month: | \$19,552.94 | \$8,639.75                  |             |
|               |                    |             | Average Monthly NET Income: | \$10,913.19 |

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: Madison Vet Clinic

Income/Expense/Net by Month:

|               | Date               | Income      | Expense                     | Net        |
|---------------|--------------------|-------------|-----------------------------|------------|
| 6 Months Ago: | 02/2017            | \$4,270.06  | \$1,223.95                  | \$3,046.11 |
| 5 Months Ago: | 03/2017            | \$0.00      | \$261.90                    | \$-261.90  |
| 4 Months Ago: | 04/2017            | \$8,295.13  | \$2,760.78                  | \$5,534.35 |
| 3 Months Ago: | 05/2017            | \$11,931.05 | \$9,178.48                  | \$2,752.57 |
| 2 Months Ago: | 06/2017            | \$14,196.01 | \$9,583.83                  | \$4,612.18 |
| Last Month:   | 07/2017            | \$14,200.41 | \$11,861.49                 | \$2,338.92 |
| _             | Average per month: | \$8,815.44  | \$5,811.74                  |            |
|               |                    |             | Average Monthly NET Income: | \$3,003.71 |

Debtor 1 Bryan S. Kennedy Case number (if known) 17-02921

#### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period **02/01/2017** to **07/31/2017**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mississippi Hospital-Boswell Regional

Income by Month:

| 6 Months Ago: | 02/2017            | \$4,522.41 |
|---------------|--------------------|------------|
| 5 Months Ago: | 03/2017            | \$4,547.05 |
| 4 Months Ago: | 04/2017            | \$4,530.73 |
| 3 Months Ago: | 05/2017            | \$4,522.41 |
| 2 Months Ago: | 06/2017            | \$4,522.41 |
| Last Month:   | 07/2017            | \$4,522.41 |
|               | Average per month: | \$4,527.90 |

#### Line 9 - Pension and retirement income

Source of Income: Retirement distribution

Income by Month:

| 6 Months Ago: | 02/2017            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 03/2017            | \$0.00     |
| 4 Months Ago: | 04/2017            | \$0.00     |
| 3 Months Ago: | 05/2017            | \$0.00     |
| 2 Months Ago: | 06/2017            | \$0.00     |
| Last Month:   | 07/2017            | \$1,432.94 |
|               | Average per month: | \$238.82   |

|                 |                    |   |                       |                             |                             |                          |                           | _                                |                  |             |                |        |             |
|-----------------|--------------------|---|-----------------------|-----------------------------|-----------------------------|--------------------------|---------------------------|----------------------------------|------------------|-------------|----------------|--------|-------------|
| Fill in         | this info          | ormation to ider  | itify your            | case:                       |                             |                          |                           |                                  |                  |             |                |        |             |
| Debto           | or 1               | Bryan S. Ker  | nedy                  |                             |                             |                          |                           |                                  |                  |             |                |        |             |
| Debto           | or 2               |   |                       |                             |                             |                          |                           |                                  |                  |             |                |        |             |
|                 | se, if filir       | ıg)   |                       |                             |                             |                          |                           |                                  |                  |             |                |        |             |
| United          | d States           | Bankruptcy Court  | for the:              | Southern                    | District of N               | Mississippi              | <u>i</u>                  |                                  |                  |             |                |        |             |
| Case<br>(if kno | number<br>wn)      | 17-02921  |                       |                             |                             |                          |                           |                                  | ☐ Che            | eck if this | is an amen     | nded f | filing      |
|                 | ,                  |   |                       |                             |                             |                          |                           | _                                |                  |             |                |        |             |
|                 | il Form 1<br>apter | 22C-2<br>13 Calcu   | latior                | of Y                        | our Di                      | sposa                    | able Ir                   | ncome                            |                  |             |                |        | 04/16       |
| To fill         | out this           | form, you will no<br>Period (Official F   | eed your              | complete                    |                             | -                        |                           |                                  |                  | hly Incom   | e and Calcu    | lation | ı of        |
| space           | is need            | e and accurate a<br>ed, attach a sepa<br>es, write your na                      | rate she              | et to this f                | form, Inclu                 | de the line              |                           |                                  |                  |             |                |        |             |
| Part 1          | E Ca               | Ilculate Your De  | ductions              | from You                    | r Income                    |                          |                           |                                  |                  |             |                |        |             |
| the             | questio            | ll Revenue Servi<br>ns in lines 6-15.<br>n may also be av                       | To find t             | he IRS sta                  | andards, go                 | o online u               | sing the I                |                                  |                  |             |                |        |             |
| exp             | enses if           | expense amounts<br>they are higher the<br>d do not deduct a                     | an the sta            | andards. D                  | Oo not inclu                | de any ope               | erating exp               | penses that                      | you subtracted   | I from inco |                |        |             |
| If yo           | our expe           | nses differ from n  | nonth to m            | nonth, ente                 | er the avera                | ige expens               | se.                       |                                  |                  |             |                |        |             |
| Not             | te: Line r         | umbers 1-4 are r  | ot used ir            | this form.                  | . These nun                 | mbers appl               | ly to inforn              | mation requir                    | ed by a similar  | r form use  | d in chapter 7 | 7 case | <b>)</b> S. |
| 5.              | The nu             | ımber of people   | used in c             | determinir                  | ng your de                  | ductions f               | from inco                 | me                               |                  |             |                |        |             |
|                 | plus th            | he number of pec<br>e number of any a<br>mber of people in                      | additional            | dependen                    |                             |                          |                           |                                  |                  |             | 4              |        |             |
| Nat             | tional St          | andards   | You mu                | st use the                  | IRS Nationa                 | al Standar               | ds to ansv                | wer the ques                     | tions in lines 6 | -7.         |                |        |             |
| 6.              |                    | clothing, and otl<br>ards, fill in the doll                                     |                       |                             |                             |                          |                           | d in line 5 an                   | d the IRS Natio  | onal        | \$             |        | 1,650.00    |
| 7.              | the dol<br>people  | -pocket health c<br>lar amount for ou<br>who are 65 or ole<br>than this IRS amo | t-of-pocke<br>derbeca | et health ca<br>use older p | are. The num<br>people have | mber of pe<br>e a higher | eople is sp<br>IRS allowa | olit into two ca<br>ance for hea | ategoriespeo     | ple who ar  | e under 65 a   | and    |             |

Official Form 122C-2

17-02921

Case number (if known)

| Peo                | ple w   | vho are under 65 years of age  |  |                                   |                    |                   |                |                         |                 |
|--------------------|---|--|--|-----------------------------------|--------------------|-------------------|----------------|-------------------------|-----------------|
|                    | 7a.   | Out-of-pocket health care allowance per person   | \$ 4   | 19                                |                    |                   |                |                         |                 |
|                    |   | Number of people who are under 65  | X 4  | <u></u>                           |                    |                   |                |                         |                 |
|                    |   | Subtotal. Multiply line 7a by line 7b.   | \$ 196.0   | 0                                 | Copy here=>        | \$                | 196.00         |                         |                 |
| Peo                | ple v   | vho are 65 years of age or older   |  | _                                 |                    |                   |                |                         |                 |
| . 00               | •   | , ,  | Φ 44   | _                                 |                    |                   |                |                         |                 |
|                    |   | Out-of-pocket health care allowance per person   | \$ <u>11</u>   | <u>/</u>                          |                    |                   |                |                         |                 |
|                    | 7e.<br>7f.                                      | Number of people who are 65 or older  Subtotal. Multiply line 7d by line 7e.   | ×0<br>\$ 0.0   | 10                                | Copy here=>        | ¢                 | 0.00           |                         |                 |
|                    | 71.   | Subtotal. Multiply lifte 7d by lifte 7e.   | Ψ  |                                   | Copy nere=>        | Ψ                 | 0.00           |                         |                 |
|                    | 7g.   | <b>Total.</b> Add line 7c and line 7f  |  | \$                                | 196.00             | Copy to           | tal here=>     | \$                      | 196.00          |
| ■ H<br>■ H<br>To a | Housi<br>Housi<br>Answ<br>Arate<br>Hou<br>in th | ing and utilities - Insurance and operating expensing and utilities - Mortgage or rent expenses are the questions in lines 8-9, use the U.S. Trusters instructions for this form. This chart may also be using and utilities - Insurance and operating expense dollar amount listed for your county for insurance are using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, fill listed for your county for mortgage or rent expenses. | e Program charte available at the nses: Using the and operating ex | e bankrup<br>number of<br>penses. | tcy clerk's offic  | e.<br>red in line | •              | ecified in              | 639.00          |
|                    | 9b.   | Total average monthly payment for all mortgages a To calculate the total average monthly payment, ac contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.   | d all amounts tha  | at are                            | your home.         |                   |                |                         |                 |
|                    |   | Name of the creditor   | Average r<br>payment   | nonthly                           |                    |                   |                |                         |                 |
|                    |   | Privately Held   | \$   | 2,476.00                          |                    |                   |                |                         |                 |
|                    |   | 9b. Total average monthly paymen   | t \$   | 2,476.00                          | Copy<br>here=> -\$ | S2                |                | Repeat th<br>on line 33 | is amount<br>a. |
|                    | 9c.   | Net mortgage or rent expense.  |  |                                   |                    |                   |                |                         |                 |
|                    |   | Subtract line 9b (total average monthly payment) from rent expense). If this number is less than \$0, ent  |  | gage                              | \$                 | 0.00              | Copy<br>here=> | \$                      | 0.00            |
| 10.                |   | ou claim that the U.S. Trustee Program's division octs the calculation of your monthly expenses, fill  |  |                                   |                    | incorrect         | and            | \$                      | 0.00            |
|                    | Ev  | plain why:   |  |                                   |                    |                   |                |                         |                 |

Bryan S. Kennedy

| ebtor 1 | Bryan S      | S. Kennedy                                  |   |                |                | Case number (i         | f known) _  | 17-02921                                   |                    |
|---------|--------------|---|---|----------------|----------------|------------------------|-------------|--|--------------------|
| 11.     | Local trans  | sportation expenses                         | s: Check the number of vehic  | cles for which | n you claim a  | an ownership           | o or opera  | ting expense.                              |                    |
|         | ☐ 0. Go to   | line 14.                                    |   |                |                |                        |             |  |                    |
|         | ☐ 1. Go to   | line 12.                                    |   |                |                |                        |             |  |                    |
|         | 2 or more    | e. Go to line 12.                           |   |                |                |                        |             |  |                    |
| 12.     |              |   | sing the IRS Local Standards  |                |                |                        |             |  | 430.00             |
| 13.     | Vehicle ow   | nership or lease ex<br>ot claim the expense | perating Costs that apply for y<br>pense: Using the IRS Local<br>if you do not make any loan of | Standards, o   | calculate the  | net ownersł            | hip or leas | e expense for ea                           | ach vehicle below. |
| Vel     |              | escribe Vehicle 1:                          | 2015 Chevrolet 2500 Si  | lverado HI     | <b>1</b>       |                        |             |  |                    |
| 13a.    | Ownership    | or leasing costs usin                       | g IRS Local Standard  |                |                | \$                     | 485.00      | _<br>)                                     |                    |
|         | •            | Ü   | I debts secured by Vehicle 1.   |                |                | <b>—</b>               | 400.00      |  |                    |
|         | J            | ide costs for leased                        | •   |                |                |                        |             |  |                    |
|         | are contract |   | y payment here and on line 1<br>cured creditor in the 60 mont                                   |                |                | t                      |             |  |                    |
|         | Name         | of each creditor for                        | Vehicle 1   | Average n      | nonthly        |                        |             |  |                    |
|         | **Prio       | rityone Bank                                |   | \$             | 672.93         |                        |             |  |                    |
|         |              | Total A                                     | verage Monthly Payment  | \$             | 672.93         | Copy<br>here => -      | .s (        | Repeat thi                                 |                    |
|         |              |   |   |                |                |                        | Ψ           | line 33b.                                  |                    |
| 13c.    |              | 1 ownership or leas<br>e 13b from line 13a. | e expense<br>if the numbert is less than \$0  | , enter \$0.   |                | \$                     | 0.00        | Copy net<br>Vehicle 1<br>expense her<br>=> | e<br>\$0.00        |
| Vel     | nicle 2 D    | escribe Vehicle 2:                          |   |                |                |                        |             |  |                    |
| 13d.    | Ownership of | or leasing costs usin                       | g IRS Local Standard  |                |                | \$                     | 0.00        | _<br>)                                     |                    |
| 13e.    | Average mo   |   | debts secured by Vehicle 2.   | Do not inclu   | ide costs for  |                        |             | _  |                    |
|         | Name         | of each creditor for                        | Vehicle 2   | Average n      | nonthly        |                        |             |  |                    |
|         | -NON         | E-  |   | \$             |                |                        |             |  |                    |
|         |              | Total a                                     | verage monthly payment  | \$             | 0.00           | Copy<br>here<br>=> -\$ | (           | Repeat this amount on lin 33c.             | е                  |
| 13f.    |              | 2 ownership or leas<br>e 13e from line 13d. | e expense<br>if this number is less than \$0,   | , enter \$0    |                | \$                     | 0.00        | Copy net<br>Vehicle 2<br>expense her<br>=> | e<br>\$0.00        |
| 14.     |              |   | e: If you claimed 0 vehicles<br>e allowance regardless of v                                     |                |                |                        |             | II in the                                  | 0.00               |
| 15.     | Additional   | public transportation                       | on expense: If you claimed 1  | or more ve     | nicles in line | 11 and if yo           | u claim th  |  |                    |
|         |              |   | on expense, you may fill in w<br>al Standard for <i>Public Trans</i> p                          |                | eve is the ap  | propriate ex           | pense, bu   | t you may \$                               | 0.00               |

17-02921

Case number (if known)

| Oth | er Necessary Expenses  | In addition to the expense the following IRS categoric   |   | s listed above,                    | you are allowed your monthly expo  | enses for    |          |
|-----|--|--|---|------------------------------------|--|--------------|----------|
| 16. | self-employment taxes, so your pay for these taxes. H  | cial security taxes, and Med   | licare taxes<br>ceive a tax               | s. You may inc<br>refund, you m    | d local taxes, such as income taxes lude the monthly amount withheld to ust divide the expected refund by 1 for taxes.   | from<br>2    |          |
|     | Do not include real estate,  | sales, or use taxes.   |   |                                    |  | \$           | 0.00     |
| 17. | contributions, union dues,   |  |   |                                    | quires, such as retirement<br>1(k) contributions or payroll savings  | s \$         | 0.00     |
| 10  |  |  |   | •                                  | e insurance. If two married people a   | ·            |          |
| 10. | filing together, include pay   | ments that you make for you<br>for life insurance on your de   | ur spouse's                               | term life insu                     |  |              | 0.00     |
| 19. | Court-ordered payments agency, such as spousal of  |  | that you pa                               | y as required                      | by the order of a court or administra  | ative        |          |
|     | Do not include payments of   | on past due obligations for s  | pousal or o                               | hild support.                      | ou will list these obligations in line   | 35. \$       | 0.00     |
| 20. | Education: The total mon   | thly amount that you pay for   | education                                 | that is either r                   | equired:   |              |          |
|     | as a condition for your  | job, or  |   |                                    |  |              |          |
|     | for your physically or m   | entally challenged depende   | ent child if n                            | o public educa                     | ation is available for similar service:  | s. \$        | 0.00     |
| 21. |  | hly amount that you pay for or any elementary or second  |   | -                                  | itting, daycare, nursery, and presch   | nool.<br>\$  | 0.00     |
| 22. | Additional health care exthat is required for the health ya health savings account Payments for health insura          |  | 0.00                                      |                                    |  |              |          |
| 23. | for you and your depender<br>phone service, to the exter<br>income, if it is not reimburs<br>Do not include payments f | nts, such as pagers, call wai<br>nt necessary for your health<br>sed by your employer.<br>for basic home telephone, in | iting, caller<br>and welfar<br>ternet and | identification, re or that of you  | you pay for telecommunication serv<br>special long distance, or business<br>ur dependents or for the production<br>vice. Do not include self-employme<br>ount you previously deducted. | cell<br>n of | 0.00     |
| 24. | Add all of the expenses and lines 6 through 23.  | allowed under the IRS exp  | ense allov                                | vances.                            |  | \$           | 2,915.00 |
| Add | litional Expense Deductio  | ns These are additional  | deductions                                | allowed by th                      | ne Means Test.   |              |          |
|     |  | Note: Do not include   | any expen                                 | se allowances                      | listed in lines 6-24.  |              |          |
| 25. |  | lity insurance, and health   | savings a                                 | count expen                        | ses. The monthly expenses for hea<br>y necessary for yourself, your spou   |              |          |
|     | Health insurance   |  | \$  | 0.00                               |  |              |          |
|     | Disability insurance   |  | \$  | 0.00                               |  |              |          |
|     | Health savings account   |  | + \$                                      | 0.00                               | ٦  |              |          |
|     | Total  |  | \$  | 0.00                               | Copy total here=>  | \$           | 0.00     |
|     | Do you actually spend this  No. How much do  | total amount?<br>you actually spend?   |   |                                    |  |              |          |
|     | Yes  |  | \$  |                                    |  |              |          |
| 26. | continue to pay for the rea your household or membe  | sonable and necessary care<br>r of your immediate family w   | e and supp<br>who is unab                 | ort of an elder<br>le to pay for s | e actual monthly expenses that you<br>ly, chronically ill, or disabled memb<br>uch expenses. These expenses ma   | er of        | 0.00     |
| 27. | Protection against family  |  | necessary                                 | monthly expe                       | nses that you incur to maintain the<br>es Act or other federal laws that ap  | ·            |          |
|     |  | the nature of these expen  |   |                                    | , , , , , , , , , , , , , , , , , , ,  | \$           | 0.00     |
|     | by law, the coult illust kee   | P HIGHARD OF HICSE EXDER   | เอฮอ บบกกน                                | ziillai.                           |  | Ψ            | _        |

Bryan S. Kennedy

| Debtor 1 | Bryan S. Kennedy  | Cas   | e number (if knov | vn) <b>17-</b> 0                       | 02921         |                   |              |  |  |
|----------|---|---|-------------------|--|---------------|-------------------|--------------|--|--|
|          | Additional home energy costs. Your home line 8.   | e energy costs are included in your insurance   | e and operatir    | ng expens                              | ses on        |                   |              |  |  |
|          | If you believe that you have home energy co<br>8, then fill in the excess amount of home end  | ests that are more than the home energy costergy costs.   | ts included in    | expenses                               | s on line     |                   |              |  |  |
|          | You must give your case trustee documenta<br>amount claimed is reasonable and necessar  | tion of your actual expenses, and you must s<br>y.  | show that the     | additiona                              | I             | \$                | 0.00         |  |  |
|          |   | ren who are younger than 18. The monthly bendent children who are younger than 18 years.                                    |                   |  |               |                   |              |  |  |
|          | You must give your case trustee documenta claimed is reasonable and necessary and no  | tion of your actual expenses, and you must on talready accounted for in lines 6-23.   | explain why th    | ne amoun                               | t             |                   |              |  |  |
|          | * Subject to adjustment on 4/01/19, and eve   | ry 3 years after that for cases begun on or af  | ter the date o    | of adjustme                            | ent.          | \$                | 0.00         |  |  |
|          |   | e monthly amount by which your actual food<br>allowances in the IRS National Standards. T<br>in the IRS National Standards. |                   |  |               |                   |              |  |  |
|          |   | onal allowance, go online using the link spec<br>o be available at the bankruptcy clerk's office                            |                   | parate                                 |               |                   |              |  |  |
|          | You must show that the additional amount c  | aimed is reasonable and necessary.  |                   |  |               | \$                | 0.00         |  |  |
|          | <ol> <li>Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).</li> </ol> |   |                   |  |               |                   |              |  |  |
|          | Do not include any amount more than 15% of  | of your gross monthly income.   |                   |  |               | \$                | 0.00         |  |  |
|          | Add all of the additional expense deducti Add lines 25 through 31.  | ons.  |                   |  |               | \$                | 0.00         |  |  |
| Dedu     | octions for Debt Payment  |   |                   |  |               |                   |              |  |  |
| lo       | pans, and other secured debt, fill in lines   | •   |                   |  |               |                   |              |  |  |
|          | o calculate the total average monthly payme<br>reditor in the 60 months after you file for ban  | ent, add all amounts that are contractually du<br>kruptcy. Then divide by 60.   | e to each sec     | curea                                  |               |                   |              |  |  |
|          | Mortgages on your home  |   |                   |  |               | Average<br>Daymen | monthly<br>t |  |  |
| 33a.     | Copy line 9b here   |   |                   |  | => 3          | •                 | 2,476.00     |  |  |
|          | Loans on your first two vehicles  |   |                   |  |               |                   |              |  |  |
| 33b.     | Copy line 13b here  |   |                   |  | => 5          | 5                 | 672.93       |  |  |
| 33c.     | Copy line 13e here  |   |                   |  | => 5          |                   | 0.00         |  |  |
| 33d.     | List other secured debts  |   |                   |  |               |                   |              |  |  |
|          | e of each creditor for other secured debt   | Identify property that secures the debt   | iı                | Does payn<br>nclude tax<br>or insurand | ces           |                   |              |  |  |
|          | **Priority One Bank   | 242 Luckey & Kennedy Rd. Magee, 39111 Simpson County  |                   | ■ No<br>□ Yes                          | \$            | i                 | 1,701.00     |  |  |
|          |   |   |                   | No                                     |               |                   |              |  |  |
|          | **Priorityone Bank  | Lawn Tractor  | [                 | ☐ Yes                                  | \$            | i                 | 63.77        |  |  |
|          | Peoples Bank  | 234, 240 and 265 Luckey & Kenned<br>Road Magee, MS 39111 Simpson C  |                   | ■ No<br>□ Yes                          | \$            | i                 | 2,704.00     |  |  |
|          |   |   |                   |  |               |                   |              |  |  |
| 33e.     | Total average monthly payment. Add lines  | 33a through 33d   | <b>\$</b> 7,      | 617.70                                 | Copy<br>total | \$                | 7,617.70     |  |  |
| 550.     |   |   |                   |  | here=>        | *-                | ,            |  |  |

| Debtor 1     | Brya   | n S. Kennedy   |   |                                      | Cas                       | e number (if known)                          | 17-02921               |                   |             |
|--------------|--|--|---|--------------------------------------|---------------------------|--|------------------------|-------------------|-------------|
|              |  |  | e 33 secured by your primal<br>or support or the support o  |                                      |                           | <b>,</b>                                     |                        |                   |             |
| ı            | □ No.  | Go to line 35.   |   |                                      |                           |  |                        |                   |             |
| 1            | Yes.   |  | must pay to a creditor, in add ssession of your property (cal the information below.  |                                      |                           |  |                        |                   |             |
| Nar          | me of the  | creditor   | Identify property that secure   | s the debt                           |                           | Total cure amour                             |                        | Monthly<br>amount | cure        |
| Po           | oples E  | lank   | 234, 240 and 265 Luck<br>Road Magee, MS 3911  |                                      |                           | 18 500                                       | 00 ÷ 60 = \$           |                   | 308.33      |
|              | opies L  | Jank   | County  |                                      | \$                        |  |                        |                   |             |
|              |  |  |   |                                      |                           |  | ÷ 60 = \$<br>÷ 60 = +9 |                   |             |
|              |  |  |   |                                      |                           |  | + 00 = +0              |                   | <del></del> |
|              |  |  |   |                                      | Total                     | \$308  | total                  | æ                 | 308.33      |
|              |  |  | ich as a priority tax, child s<br>your bankruptcy case? 11  |                                      |                           | nat  |                        |                   |             |
|              | ·<br>□ No.   | Go to line 36.   |   |                                      |                           |  |                        |                   |             |
| I            | Yes.   |  | of these priority claims. Do r<br>h as those you listed in line 1   |                                      | current or                |  |                        |                   |             |
|              |  | Total amount of all past-de  | ue priority claims  |                                      |                           | \$ 48,100                                    | .00 ÷ 60               | \$_               | 801.66      |
| 36. <b>I</b> | Projecte   | d monthly Chapter 13 plan  | payment   |                                      |                           | \$   |                        |                   |             |
| t<br>-       | Office of the Exection of the Execution of the Executi | the United States Courts (for<br>utive Office for United States<br>ist of district multipliers that inclu- | tated on the list issued by the districts in Alabama and Nor Trustees (for all other districtes your district, go online using may also be available at the ban | th Carolina<br>ts).<br>the link spec | a) or by<br>cified in the | x  | Copy to                | tal               |             |
| ,            | Average  | monthly administrative expe  | nse   |                                      |                           | \$   | here=>                 |                   |             |
| 37.          |  | of the deductions for debtes 33e through 36.   | payment.  |                                      |                           |  |                        | \$                | 8,727.69    |
| Tota         | al Deduc   | tions from Income  |   |                                      |                           |  |                        |                   |             |
| 38.          | Add all o  | of the allowed deductions.   |   |                                      |                           |  |                        |                   |             |
|              |  | ne 24, All of the expenses all<br>e allowances   | owed under IRS  | \$                                   | 2,915.00                  | <u>)                                    </u> |                        |                   |             |
|              | Copy lin   | ne 32, All of the additional ex  |   | \$                                   | 0.00                      | <u>)</u>                                     |                        |                   |             |
|              | Copy lin   | ne 37, All of the deductions fo  | or debt payment   | +\$                                  | 8,727.69                  | <u>)                                    </u> |                        |                   |             |
|              | Total de   | eductions  |   | \$                                   | 11,642.69                 | Copy total he                                | re=>                   | \$                | 11,642.69   |

| Debtor 1  | Bryan S. Ken  | nedy  |  | Ca  | se numb    | er ( <i>if known</i> ) 17   | -02921             |                                       |
|---|---|---|--|---|------------|---|--------------------|---------------------------------------|
| Part 2:   | Determine Yo  | our Disposable Income Under 1   | 1 U.S.C. § 1325(b)   | (2)   |            |   |                    |                                       |
|   |   | rrent monthly income from line Current Monthly Income and (   |  |   | ' <u>.</u> |   | \$                 | 15,558.72                             |
| <b>ch</b><br>dis<br>red                                     | ildren. The mont<br>sability payments<br>beived in accorda                          | ably necessary income you receithly average of any child support for a dependent child, reported ince with applicable nonbankruptopended for such child.  | payments, foster can<br>Part I of Form 122   | are payments, or<br>2C-1, that you  | \$_        | 0   | .00                |                                       |
| en<br>in  | nployer withheld f  | retirement deductions. The mo<br>from wages as contributions for q<br>b)(7) plus all required repayments<br>C. § 362(b)(19).  | ualified retirement p  | olans, as specified   | d<br>\$_   | 0   | .00                |                                       |
| 42. <b>To</b>   | tal of all deducti  | ions allowed under 11 U.S.C. §  | <b>707(b)(2)(A).</b> Copy  | line 38 here =  | => \$      | 11,642  | .69                |                                       |
| ex<br>the   | penses and you heir expenses. You   | cial circumstances. If special cinave no reasonable alternative, dumust give your case trustee a didocumentation for the expenses.  | escribe the special etailed explanation  | circumstances a   | nd         |   |                    |                                       |
| Descr   | ibe the special o   | circumstances   |  | Amount of exp   | ense       |   |                    |                                       |
|   |   |   | 5  | \$  |            |   |                    |                                       |
|   |   |   |  | \$  |            |   |                    |                                       |
|   |   |   |  | \$  |            |   |                    |                                       |
|   |   |   |  |   | Сор        | v   |                    |                                       |
|   |   |   | Total \$_  | 0.00  | here       | e=> \$  | 0.00               |                                       |
|   |   |   |  |   |            |   | ]                  |                                       |
| 44. <b>T</b> o  | tal adjustments   | . Add lines 40 through 43   |  | =>  | \$         | 11,642.69   | Copy<br>here=> -\$ | 11,642.69                             |
|   |   |   |  |   | <u> </u>   | <u> </u>  | ] -                | · · · · · · · · · · · · · · · · · · · |
| 45. <b>C</b> a  | ilculate vour mo  | nthly disposable income unde  | r <b>§ 1325(b)(2).</b> Sub   | tract line 44 from  | line 39    |   | \$                 | 3,916.03                              |
|   |   | ,   | 3 10 20 (2)(2)1 0 0 2  |   |            |   | Ψ                  |                                       |
| Part 3:   | Change in Inc   | come or Expenses  |  |   |            |   |                    |                                       |
| re <sub>l</sub><br>yo<br>be<br>12                           | ported in this form<br>ur bankruptcy pet<br>low. For example<br>2C-1 in the first c | or expenses. If the income in For have changed or are virtually continuous and during the time your care, if the wages reported increased column, enter line 2 in the second en the increase occurred, and fill | ertain to change afte<br>se will be open, fill i<br>after you filed your<br>column, explain wh | er the date you file<br>in the information<br>petition, check<br>my the wages |            |   |                    |                                       |
| Form  | Line  | Reason for change   |  | Date of change  |            | Increase or decrease?   | Amount of          | change                                |
| ☐ 122<br>☐ 122<br>☐ 122<br>☐ 122<br>☐ 122<br>☐ 122<br>☐ 122 | C-2<br>C-1 C-2<br>C-1 C-2   |   |  |   |            | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase | \$<br>\$           |                                       |
| ☐ 122   |   |   |  |   |            | Decrease  | \$                 |                                       |
|   |   |   |  |   |            |   |                    |                                       |

| Debtor 1 | Bryan S. Kennedy  | Case number ( <i>if known</i> ) 17-02921  |  |
|----------|---|---|--|
|          |   |   |  |
|          |   |   |  |
| Part 4:  | Sign Below  |   |  |
|          |   |   |  |
|          | By signing here, under penalty of perjury you declare the | nat the information on this statement and in any attachments is true and correct. |  |
|          |   |   |  |
|          |   |   |  |
| X        | /s/ Bryan S. Kennedy                                      |   |  |
| X        | Bryan S. Kennedy  |   |  |
| X        |   |   |  |
|          | Bryan S. Kennedy<br>Signature of Debtor 1                 |   |  |
|          | Bryan S. Kennedy  |   |  |
|          | Bryan S. Kennedy Signature of Debtor 1 September 6, 2017  |   |  |
|          | Bryan S. Kennedy<br>Signature of Debtor 1                 |   |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Mississippi

|      | Souther   | rn District of Mississip  | pi  |  |                |  |  |
|------|---|---|---|--|----------------|--|--|
| In   | re Bryan S. Kennedy   |   | Case No.  | 17-02921                               |                |  |  |
|      |   | Debtor(s)   | Chapter   | _13                                    |                |  |  |
|      | DISCLOSURE OF COMPENS   | SATION OF ATTOI   | RNEV FOR DE   | RTOR(S)                                |                |  |  |
|      |   |   |   | , ,                                    |                |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |   |   |  |                |  |  |
|      | For legal services, I have agreed to accept   |   | \$  | 3,400.00                               |                |  |  |
|      | Prior to the filing of this statement I have received   |   | \$  | 969.00                                 |                |  |  |
|      | Balance Due   |   | \$  | 2,431.00                               |                |  |  |
| 2.   | The source of the compensation paid to me was:  |   |   |  |                |  |  |
|      | ■ Debtor □ Other (specify):   |   |   |  |                |  |  |
| 3.   | The source of compensation to be paid to me is:   |   |   |  |                |  |  |
|      | ■ Debtor □ Other (specify):   |   |   |  |                |  |  |
| 4.   | ■ I have not agreed to share the above-disclosed compen   | sation with any other person  | unless they are memb  | ers and associates of my lav           | <i>v</i> firm. |  |  |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |   |   |  | ı. A           |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to rend  | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |   |  |                |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering bethe Preparation and filing of any petition, schedules, statement c. Representation of the debtor at the meeting of creditors defected. [Other provisions as needed]         Negotiations with secured creditors to recreaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house     </li> </ul>  | nent of affairs and plan which<br>and confirmation hearing, ar<br>duce to market value; exe<br>is as needed; preparation        | n may be required;<br>and any adjourned hear<br>emption planning; | ings thereof; preparation and filing o | of             |  |  |
| 6.   | By agreement with the debtor(s), the above-disclosed fee dependence on the debtors in any disclosure any other adversary proceeding.  | loes not include the following hargeability actions, judi   | g service:<br>cial lien avoidance                                 | es, relief from stay actio             | ns or          |  |  |
|      |   | CERTIFICATION   |   |  |                |  |  |
| this | I certify that the foregoing is a complete statement of any a bankruptcy proceeding.  | agreement or arrangement for  | payment to me for re  | presentation of the debtor(s           | ) in           |  |  |
|      | September 6, 2017   | /s/ Elizabeth Johr  | nson Spell  |  |                |  |  |
|      | Date  | Elizabeth Johnso  | •   |  |                |  |  |
|      |   | Signature of Attorne Robert E. Mooreh   | y<br>nead, Attorneys at   | Law, PLLC                              |                |  |  |
|      |   | 220 W. Jackson S  | Street  | •                                      |                |  |  |
|      |   | Ridgeland, MS 39<br>601-956-4557 Fa   |   |  |                |  |  |
|      |   | L.Elizabeth.John  |   |  |                |  |  |
|      |   | Name of law firm  |   |  |                |  |  |